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To the Editors of the Medical and Phyſical Journal.

GENTLEMEN,

WITH this you have the first part of my promised Collection. It is perhaps only necessary to premise, that my Queries chiefly related to the propagation of the Influenza; to its affinity with common catarrh, pneumonia or low fever; and to the time and manner of its appearance and disappearance.

I should not find it easy to reduce my materials to strict order, even if they were to receive no addition; but I have aimed at some kind of arrangement, by placing those Communications first, which are decided in one way, on the grand question of Contagion; next, the sceptical; and lastly, those which express, more or less positively, an opinion contrary to the first. I fear you will think my packet too bulky for one of your numbers; and yet the two next will probably be larger.

Clifton, July 4, 1803. THOMAS BEDDOES.

1. MR. HANSARD, Bristol, April 12, 1803.

I remember seeing patients in the disease called Influenza of the year 1775; but have seen nothing in the present Epidemic that comes exactly up to the character of the disease of the above year; that was, I believe, generally admitted to be contagious; this, I think, cannot be.

A fine boy, six years old, was seized with symptoms of Influenza; his disorder continued twelve days, after which he recovered. A younger sister and elder brother to the above boy slept every night in the same bed with him, yet both escaped the disease. A stout healthy man, twenty-eight years old, was seized with symptoms of strongly marked Influenza; he continued ill fourteen days; the

plan laid down for his recovery was wholly neglected, and a very bad one adopted by his friends: he died. His wife slept every night in the same bed with him, yet she escaped the disease. A similar case with the first I have stated, occurred in my own family, and we are eight in number.

I think the influenza distinguishable from common catarrh.

A few instances have occurred so very complex in their symptoms, that I could not decide to what class they belonged; but generally gave way to the antiphlogistic plan.

There was, on various occasions, an alarming and sudden depression, not often met with in common catarrh, so much so, that even cordials and antiseptics seemed as indispensably necessary as in low and putrid fever.

On the 2d of March I saw the first case, and on the 4th of April the last.

8. Mr. Rolfe, Bristol Dispensary, April 11, 1803.

The disease in question I have from the first considered as epidemic; and on referring to the admission book of the Bristol Dispensary, I find I have admitted from the commencement of the present year to this time, 721 patients, out of which have been 153 well-marked cases of catarrh, which are entered accordingly; also from 50 to 60 more, I am now well satisfied, had the same disease, which was entered under the names of peripneumonia notha, tussis, &c. from its partaking of its different variations with which it has been attended.*

Notwithstanding that whole families have been attacked with this disease, I have had no reason to imagine it arose from the sick person, as, in several instances where some part of the family have been kept from the sick person entirely, they have been equally affected; and in no instance have I found the nurses, or those more immediately exposed to its influence, the more generally affected. My own maid-servant was attacked with the complaint, and was confined for several days; and though I have eight in family, (and whilst she was ill nine) yet no one was affected by it but herself.

I will not allow myself competent to judge practically of the influenza, it having raged just before I was in practice.

* From this number of well-marked cases, 127 are cured, 28 relieved and on the books, and 6 died. Those who died, with the exception of one sucking child, were all predisposed to habitual pulmonic affection.

tice. The present epidemic I consider as catarrh, under which I have generally entered it.

As far as I am able to judge of influenza theoretically, I suppose them both the same.

The first well-marked case I observed after it appeared as epidemic was Feb. 18; and the last, which is now on the books, is April 8.

3. Mr. Lee, Bristol, April 7, 1803.

I might have been enabled to speak decisively; but confidence in my ability to judge, hath not kept pace with the opportunities afforded me; and from what I have observed, I am more willing to say that the prevailing disease hath not been contagious, than able to prove such an opinion to be right.

The very partial existence of the disease in families consisting of nine, thirteen, and fifteen persons; one, two, or at most three of whom became affected with the prevailing disease. When the possibility of its being contagious was first mentioned to me by a lady, who with her husband and nine children, servants, &c. resided in the same house, I confidently resisted the proposed separation of the member of the family then affected, from the rest; and in that family one more only hath been attacked with the disease. As I do not read news-papers, I did not at the time I so offered my opinion, know that an awe-striking trumpet from on high was vibrating on the public ear; but since so much discussion hath taken place, I have endeavoured to observe more precisely; and, only, am not more confident in my first opinion, from seeing that men, far above my powers to estimate, either in abilities or acquisitions, differ so essentially upon points by me at least taken upon the most blind and unmistrusting confidence, as proved and undoubted.

I do not think the prevailing disease; that is, such cases of disease, very similar in their type and yielding to the same treatment as have occurred in my limited practice, betwixt the latter end of February and March, deserving of any such specific name as influenza. I think the same disease would occur on the same previous and subsequent state of the atmosphere, with respect to heat, cold, or winds occurring; and I have a perfect recollection of a similar affection being very general in the spring of the year 1798. The disease was unbaptized that year; but flippant Paris hath chattered about La Grippe, and too imitative England must gabble about Influenza. One of

the most grave French historians have remarked, that in Paris much is ever done by a name, however given, obtained, or preserved: in England we may remark, much hath been attempted, and some of us may feel that something hath been done by a name.

Where I hesitated as to, or denied the existence of, influenza, I did not seek for differences or distinctions betwixt that and catarrh. To call diseases names, or to break or fritter their various hues into shades, may be safely abandoned to artist-godfathers and godmothers, in that way so that they be not often abusive, or often too nice; and whether the prevailing disease be called catarrh properly or not, I am not, nor care to be at present, Nosologist enough to determine; this is the *arcanum imperii*, the lid of which it would be presumptuous even to meditate to lift up, much less would it be allowed me to peep into.—But if compelled to be decisive, I would not name the disease either catarrh or influenza.

On various occasions there certainly was greater and more sudden depression than is almost ever seen in common catarrh; and the disorder appeared, at various times, in almost all the gradations from pneumonia to low fever. To whom is it unknown, that in the gradations of fever, anxiety and depression assist essentially to form the diagnosis? at least, so I have been taught; and this is one of the few teachings that experience hath yet confirmed.

On the 25th of February I was consulted by my friend the Rev. Mr. Shaw, and who, instead of resorting to little things to try what they would do, as the foolish phrase is, availed himself immediately with the happiest effect of a good dose of the acetated ammonia in solution; two days and the contents of two phials put an end to his disease and inconvenience. The 27th ult. was the last case, but that had been standing nearly a fortnight, and is yet uncured.

I hope the limitations your queries confine me to observe, may not prevent me saying in this place, that the plan of treatment proposed by yourself hath been generally useful, as I verily believe; and in my own practice successful, without exception, in the progress and termination of fifty-five cases.

You will readily believe that what I have thought freely, I could not mean to express offensively; but unaccustomed and unwilling without consideration *jurare verbo magistri*, I have given you my sentiments such as they are; and no other you could require.

4. Mr.

4. Mr. Simpson, Bristol, April 6, 1803.

Robert Simpson does not consider the present prevalent disease, called the Influenza, to be at all communicative from one person to another. Considerable observation in families and persons, have led him to conclude it not contagious. Much hurry of business prevents R. S. from entering further into the other queries.

5. Mr. Griffith, Bristol.

From the observations I have made on the Influenza, I am of opinion that it is not contagious.

My reasons for thinking the Influenza not contagious, are, that, in many instances, I have observed it did not attack those persons who from particular circumstances were not exposed to the common atmosphere, while individuals of the same family, who were in the habit of being out in the air, were attacked with the disease.

2dly. Although a free communication was kept up with persons labouring under the disease, and those who were not subject to exposure in the air, the latter had not the slightest appearance of it.

I think the influenza differs from a common catarrh in some particular symptoms, i. e. the pain in the limbs, which has more or less attended it, and the loss of strength and depression of the animal spirits.

On the first appearance of the influenza, I considered it as a catarrh brought on by the vicissitudes of the weather, but at the same time observed that it was attended with some unusual symptoms.

On many occasions there was greater and more sudden depression than is usually seen in common catarrh; the disease sometimes put on the appearance of pneumonia; in the course of two or three days the inflammatory symptoms considerably abated, and not unfrequently left the patient in a state resembling that of low fever.

The first case of influenza which I observed to differ from a common catarrh, was on the 2d of March, and the last case was on the 10th of April.

6. Mr. Short, Bristol, July 5, 1803.

From every observation, I have been induced to consider the influenza as not contagious.

From several cases of this disease where only one person in a family of seven have been affected (although no seclusion had been observed by way of caution), and in

houses consisting of eleven inhabitants, where two have been seized only. I have also attended in cases where the husband has been affected with the influenza, whilst the wife has escaped, although a constant attendant, and as it may be said, breathing the same air; and, vice versa, where the wife has had the disease and the husband not; and should suppose these instances have not been rare.

I have generally found the febrile symptoms in catarrh less violent, likewise more gradual and slow in their effects than influenza.

Perhaps, had not influenza been an epidemical or prevalent disease, one might have been led to suppose these attacks in some instances a species of catarrh, more rapid in its progress from the season of the year; as we generally find inflammatory diseases more acute and violent at this season of the year, than in the other parts of it.

In all cases of influenza, which came under my attention, the symptoms were more rapid and violent than I had ever witnessed in common catarrh; but in respect to that variety of the disease, I cannot say I had remarked it.

On the 12th of March, I was called to visit the first patient, and have not witnessed any fresh attack of this disease since 30 ultimo.

7. Mr. SOUTHALL, Bristol.

From the observations I have been enabled to make in my own practice, together with the information I have obtained, both by medical and common inquiry, I am of opinion the influenza is not contagious.

Notwithstanding in my own house my wife was most violently attacked with the influenza, together with my two children, a young lady and three servants, I and a gentleman who assists me have escaped; in addition to which, I have attended several severely afflicted, and observed no precaution whatever. These observations extend still farther; where I have attended, in repeated instances, one, two, three, or more in a family have been seized with it, and the rest have escaped; particularly at a female boarding school, where I saw only one who had the influenza, and that to an alarming degree.

I think the influenza distinguishable from a common catarrh, inasmuch as the symptoms are, in general, more violent, painful, and distressing; and also that several attend the first that do not, but in rare instances, accompany the latter; that is to say, a most excruciating pain in the head, so as to draw from the person the expression,

that

that "*it must surely be splitting in two;*" excessive dejection of spirits, extreme pain in the back and extremities, accompanied with rigor and fever, more than is felt in catarrh.

The diseases are so distinguishable, that I believe the first case I had I remember to have declared it, in my opinion, to be the influenza, and that too before I even knew from medical men or others, that such a disease had taken place; and this declaration resulted from the violence of the symptoms, together with a recollection of the influenza when, prior to this, it was so universal. Under my subsequent observations, I have uniformly found it so distinct from a common catarrh as, in my own mind, in no single instance, to have confounded one with the other.

As I have before remarked, the depression has been excessive, and such as I never have felt or have known others feel in common catarrh; indeed, had not the attack been so sudden, and accompanied with such symptoms as attend the influenza, I should have been led from that circumstance, in some instances, to have suspected approaching derangement of intellect. As to pneumonia, I did not remark any decided tendency to it but in one case, where I was nearly tempted to employ the lancet; but upon delay and more consideration, declined it, and the patient perfectly recovered by nearly the common treatment. With respect to the gradations from pneumonia to low fever, they have not come under my view, because when the inflammatory symptoms have been conquered, no farther medical treatment seemed absolutely necessary.

I saw the first case on March the 7th; and the last, on April the 3d.

8. Mr. Smith, Bideford, June 29, 1803.

Queries by Dr. Beddoes.

1. When did the influenza appear and disappear with you?

2. Was its date different in remote places within your reach?

3. After being general, did it occur for some time in single instances?

4. Did it ever seem to pass from person to person?

5. If so, is it likely that clothes or fomites conveyed it in any case?

Answers by W. SMITH.

1. The first well-marked case was the 30th of March, 1803; the last, the first week in May.

2. I was informed (I did not see it) that it prevailed very generally at Hartland, fourteen miles W. of Biddeford, and at Clovelly, ten miles N. W. of Biddeford, at least a fortnight sooner.

3. The disease was peculiarly mild in this town; if it might ever have been said to be general, its symptoms were too slight to require medical attention, excepting in solitary instances.

4. As far as I could discover, never; on the contrary, when several in one house were affected, it seemed as if the power of the disease produced the diseased excitement at the same time; nor could I discover that contact, clothes, or sleeping in the same beds or rooms, increased the number of the sick.

5. Answered as above.

The first family I attended was a potter's, four miles east of Bideford, situated upon a peninsula formed by the conflux of the two rivers Tane and Torridge. The house is solitary; nor could I discover that its inhabitants had suffered any communication with others from whom the disease might be derived within forty-eight hours. The whole house felt its influence.

Bideford and its environs are peculiarly happy in resisting the influence of prevailing epidemics; the experience of nineteen years has strongly illustrated this fact: whilst particularly the autumnal epidemics are making severe ravages within three or four miles of us, we have only a few solitary instances. What is remarkable, before the influenza had run half its career, the scarlatina anginosa became very frequent among our children, and, contrary to the above assertion, became the most general epidemic I have ever seen in this town; it remained also some time after it, but is now gone.

The duration of the influenza was from three to five days, excepting only when symptoms of pneumonia were excited, and the lungs previously diseased. I found antimonials in any stage, and almost in any dose, always exasperated the symptoms, inducing diarrhœa, vomiting, &c. and never producing the desired determination to the skin.

9. Mr. Davies, Bishop's Castle, May 31, 1803.

The influenza began in this town about the middle of March, and continued full a month. In the neighbourhood, it began full a fortnight later, and is not quite over yet.

It usually attacked with pain in the limbs, pain or giddiness in the head, sickness with vomiting of bile, cough, fever, the tongue becoming from white to a yellow brown, and a very early and great debility, many people for a week or fortnight previous to the above symptoms being much more disposed to perspire upon using exercise than usual; the above symptoms generally continued from five days to a fortnight, but the cough and affection of the head frequently longer. Emetics, antimonials, and aperitives, with sometimes a blister to the breast, was my plan of treatment. I lost only one old lady of 78, but who had been paralytic for a year past; and I do not think there were above two or three more died in this neighbourhood.

It attacked families in so irregular a manner, that I could not trace its progress to be immediately from one person to another. It sometimes attacked two or three children in the same house within twenty-four hours of each other, but adults at more distant times; many families escaped, some one or two in a house, whilst it went quite through sometimes large families. My idea was, that it was not communicated from one person to another.

10. Mr. James, Wrington, Somersetshire, June 22, 1803.

The influenza, which has been very prevalent here as elsewhere, made its appearance about the 14th of March, and seemed at its greatest height about the 21st, during the northerly winds. Many of my patients attributed their illness to being exposed to those winds, and four in particular in the night time on Broadfield Down and the Mendip Hills. The disease continued till the latter end of June, and appeared to me not to spread from person to person, but to be a catarrhal affection depending upon a particular state of the atmosphere.

11. Mr. Tickell, Bath, April 13, 1803.

I judge from my own observation, that this epidemic is by no means propagated by contagious miasma from one person to another, but that it originated and was occasioned by a peculiar constitution of the air, unfathomable

to

to human foresight, and impossible to be prevented by any precautions.

In seminaries for young people of both sexes, no attention having been paid to keep the sick from the healthy; great numbers escaped, notwithstanding a constant intercourse with each other; even where two have slept in the same bed, and one had the disease violently, the other did not receive the least degree of infection; and though in some houses the influenza has indiscriminately seized the whole family, many instances have occurred where one or two persons have had the disease severely, and the others have altogether escaped.

No two diseases, certainly, are more decidedly marked and easily distinguishable from each other, than influenza and catarrh; but it is to be observed, that now, as well as in the former epidemic, which bore the same name, in the year 1782, common catarrh then, as well as now, very generally prevailed, and THAT complaint was easily removed by general remedies.

I scarcely remember any instance where, by proper attention, it was not easy to distinguish the prevailing epidemic from common catarrh.

When the disease was acute, as it happened in a variety of instances, though seldom fatal except in old or elderly people, I observed that the attack was sudden, without any previous indisposition; that there was a sense of great internal debility; an uncommon degree of oppression at the præcordia; an intolerable and excruciating pain in the fore part of the head, greatly aggravated by cough; loathing of all animal food, and also particularly of bread; great prostration of strength, and almost incessant cough, with difficulty of breathing; a copious and most abundant expectoration, sometimes, but not often, mixed with a small portion of blood; attended with delirium at night, and at various times, with the gradations above-mentioned.—Having myself experienced the symptoms of this disease, in its most formidable shape, I can speak more decidedly on the subject. It is also to be remarked, that a state of great debility continued long after the removal of all symptoms of disease. The state of the pulse corresponded with the degree of debility induced in the system, and for the most part was quick, low, and small. Bloodletting was rarely admissible; and when directed, was rather with a view of diminishing the action of the vessels, by which the blood was propelled with an undue impetus on the brain, than to relieve any pneumonic symptoms.

Aperients

Aperient medicines always afforded considerable relief. The urine was generally very high, sometimes flame coloured, and often with a very deep tinge, but without sediment, even in the decline of the fever. Sweat appeared to me to be the critical discharge, which relieved the patient in a great degree, and terminated the disease.

As far as I recollect, the first patient I visited in this disease was on the 17th of February, and the last seized with it on the 5th of April.

12. Dr. Hughes, Hereford, June 30, 1803.

In most of the cases, which fell under my notice, of the influenza, it appeared to me to differ from common catarrh, in being attended with a much greater degree of general languor and debility, and in not having so copious a secretion of mucus from the nose and fauces as usually happens in catarrh. The invasion of the disease was also frequently much more sudden, and not often marked by any particular rigor or other febrile symptom.

It appeared to prevail in an equal degree in the country as in the town at the same time, except that low marshy situations seemed to favour its progress and preserve its continuance longer than those on higher ground.

The disease made its appearance early in January, and was at its height, in and about Hereford, towards the middle of February, from which time it appeared gradually to decline.

As far as my observation goes, I am inclined to think it was not contagious; at some places which lay high, the disease scarcely made its appearance, though a constant and daily intercourse was kept up with different infected places. At Ross, I apprehend from inquiry, very few persons were seized with it.

One strong characteristic of the disease, was its frequent recurrence, after a remission and in many cases total cessation of the symptoms. Adults were chiefly the objects of its attack.

13. Mr. Jones, Montgomery, June 21, 1803.

The influenza began about the 14th of March, and ceased towards the latter end of April, a few *indistinct* cases appearing somewhat later.

The first cases I saw, were eastward of the town of Pool, about half way between that place and Shrewsbury; the disease did not become general in the town of Pool till about

about a week afterwards, and did not make its appearance at any considerable distance westward of that town till some days later. I have been informed by some intelligent persons in the neighbourhood of Llanidloes, a small town about thirty miles west of Pool, that the disorder made its appearance there about a fortnight later than in Pool, and was considerably milder in its symptoms.

My observation does not by any means confirm the notion of its being infectious or contagious. I have seen it under some of its worst forms affect a part of a family in crowded cottages, whilst others of the family escaped it altogether; nay, I have seen sick and well sleep together in the same bed frequently, and the latter remain free from disorder.

The above observations relate to Pool, where I resided at the times above mentioned; I think the neighbourhood of Montgomery felt less of the effects of the disorder than that of Pool. I have not seen or heard of a fatal instance any where near either place; the most threatening cases I saw, were some in which there came on symptoms of violent inflammation of the trachea, but which yielded to blood-letting and blisters; two or three cases I saw terminate in regular tertian intermittent. My patients bore bleeding well; it was, however only in cases where inflammation rendered it necessary that I had recourse to it. Convalescents recovered their strength in general very slowly. The progress of the disorder from east to west was so remarkably distinct as not to escape common observation.

14. Dr. Metford, Taunton, April 12, 1803.

I do not think influenza to be contagious.

I have never been able to trace it by infection in a single instance. Though many in a family have had the complaint, it has not attacked those in particular who have attended on a sick person, but invariably those who have been the most exposed to the sudden changes of the atmosphere. (Six men were at work together in a field in this neighbourhood, all of whom were, on the following day, attacked by the influenza.)

The influenza has been attended and followed by greater prostration of strength than generally attends or follows common catarrh. May not this be imputed to the peculiar state of the atmosphere? Few people with whom I have conversed, though labouring under no immediate disease, but

but have complained of more than usual relaxation and languor.

I think many instances could not be accurately distinguished from common catarrh, except by the unusual prostration of strength.

The influenza has certainly been attended with greater and more sudden depression than is almost ever seen in common catarrh. A few instances have been attended with apthæ in the throat in the advanced stages of the disorder.

The inhabitants of the country not being in the custom of recurring to the advice of a physician so early as in cities, seldom indeed till the advanced state of the disorder, or considerable danger be suspected, renders it impossible for me to speak with accuracy to dates. I have seen many instances of the peripneumonia notha during the last three months. I believe I am right in stating the greatest number of patients to have occurred between the 20th of March and the 6th of April.

15. Dr. Robinson, Newcastle, Staffordshire, June 20, 1803.

From the few observations I have made upon the nature of the late epidemic catarrh, or influenza, I am inclined to favour the opinion that it was not contagious, but owing to a peculiar state of atmosphere, aided by the different predisposing and exciting causes of the disease. If the influenza had been contagious, would so many in the district attacked have been affected at one and the same time? or, would it have made so gradual a progress through the country as it appears to have done? In a contagious disorder, the offending matter, as in small-pox, measles, typhus, &c. generally exists for some days in the system, before it produces its specific disease; whereas, when more than one in a family has been attacked by the influenza, they have been affected nearly at the same time, at least not more than a few hours intervening; and, in many instances, not more than one or two in pretty numerous families were affected, though the healthy and sick associated promiscuously together as usual. I, for one, associated with two or three families while labouring under the disorder, and without communicating it to any of those families; I think too, it appeared to be more prevalent in airy and high situations than in the low, and to prevail also more amongst people who were much out in the air, especially

cially the night air, than amongst those who were more confined within doors.

The disorder, except where it had been neglected, or in old people, has with us been tolerably mild, and in very few instances fatal. It has varied however, in violence, from that of a mild catarrh to a very severe affection of the lungs, attended with proportional fever, cough, head-ach, &c.—In the more severe cases, the sense of languor, debility, and prostration of strength, were greater and more speedily induced, than I have ever recollected to have seen in any other disease; indeed, it was from these latter symptoms only that in the more mild cases you could distinguish this epidemic from a common catarrh. In some instances, when the disorder had been neglected at its commencement, it ran into a typhoid form, and required the same treatment; but if called in within a few hours after its first attack, the administering a brisk calomel cathartic generally checked its progress, insomuch that not any thing more was afterwards required. An emetic was attended with nearly the same advantage, but did not so effectually check the progress of the disorder as a calomel purge. When the disease was fully formed, I principally relied upon the antiphlogistic regimen, with spts. of Mindererus combined with antimonial wine, and with mucilage of g. arabic, tinct. of opium, or elixir paregoric, to alleviate the cough. The local affection of the head and breast were relieved by the application of blisters. In no instance did I venture upon venesection; and in the few instances where I heard it had been had recourse to, it aggravated rather than relieved the complaint. In some persons predisposed to phthisis and affections of the liver, it induced these complaints with a fatal termination in those affected with the former.

16. Dr. Dixon, Whitehaven, June 17, 1803.

1. Such is the similarity in the appearance of the symptoms which occur in catarrh and influenza, that under particular circumstances, it must be extremely difficult to distinguish them. It may however be observed, that the almost universal prevalence of the latter, its frequently assuming the form of a general fever, with more or less of an inflammatory determination to the head, and at the same time, a perfect freedom from any pulmonic disease, constitute the principal difference. In our late epidemic, the effects of the mode of treatment readily discovered the nature of the disease; febrifuge medicines and plentiful dilution

lation relieved and recovered the patient, but oleaginous pectorals sensibly aggravated the symptoms.

2. The influenza was first noticed in the month of March. Applications were made for relief at the Dispensary upon the 1st. but it did not engage the attention of private practitioners before the 13th. It was most generally prevalent from the 15th of April to the 1st of May, and did not subside gradually, but almost totally disappeared on or about the 30th.

It began and ended in the adjacent country; in towns or large villages its progress was more rapid. The elevated northern situations in this neighbourhood, remote from each other, first suffered the disease; and soon after it very generally prevailed in Whitehaven. The villages to the south of this town last experienced its influence.

3. From the causes and symptoms of the influenza, the situations it first occupied, and other concomitant circumstances, I am disposed to consider it as a purely inflammatory disease; which has rarely, if ever, been communicated by contagion.

I. Its origin in this country can be ascribed to no other cause than a sudden transition of the atmosphere, from a remarkable degree of heat and moisture to a cold, dry, and windy state.

II. It first appeared, and at the same time, in lofty or exposed northern situations, and these considerably distant from each other.

III. It has been observed that the appearance of purely inflammatory diseases, in this country, is almost invariably preceded, or accompanied, by winds from the north, or north-east, and that persons exposed to these winds are most liable to suffer such diseases. Their origin, therefore, has with justice been imputed to the prevalence of northerly winds. And as during the continuance of the influenza, the wind was generally from the north, this circumstance is a strong confirmation of my opinion, that the disease was of a purely inflammatory nature.

IV. The mode of its appearance was very uncertain. Sometimes it would instantly attack the whole of a family; at others, in irregular succession; but from its progress we could not suspect its contagious power. Frequently only one was affected, and the rest of the family, though constantly attending the patient, escaped the disease.

V. What forms a striking contrast between the influenza and contagious diseases, no predisposition was required for its excitement; and it might have been supposed, that if it

were

were really of an infectious nature, it would certainly have been communicated to a healthy person, sleeping during the whole course of the disease with one who suffered it in the highest degree; whereas the contrary has happened in several instances.

VI. The symptoms which constituted the disease were, in every respect, inflammatory, affecting chiefly the head and lungs.

VII. The duration of the disease rarely exceeded four days.

VIII. No tendency to malignant putrescency ever took place.

17. Mr. Rice, of East Looe, June 28, 1803.

The influenza began here about the middle of March, and ceased nearly the middle of May.

It appeared first in the country and went westward.

Single instances occur, even now, in this neighbourhood, (June 28, 1803.)

Several were attacked in one family, at one and the same time.

It appeared to be atmospheric.

The symptoms in general, were of the low nervous kind, attended with cough and diarrhœa; a few instances occurred truly inflammatory.

18. Dr. Harries, Haverford West, June 27, 1803.

The first person I saw, or heard of being attacked with the influenza, was a labourer about 36 years of age; it was about the 27th of February. He was attacked the day before I saw him, with shiverings and the usual symptoms of pyrexia, accompanied with cough and a fixed pain in the left side; I found him in this state, with a hot skin, frequent pulse, much pain on inspiration, and considerable thirst. As he had been exposed to vicissitudes of heat and cold on the day of attack, and as there were symptoms of local affection, I directed him to be bled, a saline purgative to be administered; and a blister, after a second bleeding, if the blood exhibited a buffy coat, to be applied to the pained part. The appearance of the blood strongly indicated the propriety of the measure, but the man was worse the following day, and the day after; his pulse was as frequent, but it had rather a fluttering feel; his tongue became dry and furred; he was delirious at times, rested ill at night, and the pain in his side was nearly as bad as ever; this was much relieved by a couple of leeches applied

plied to the part. He was allowed wine and water, and opiates at night; under which plan, together with the use of the spiritus vitrioli dulcis, as recommended by Dr. Carmichael Smith, in Duncan's Medical Commentaries some years ago, he was in about nine or ten days free from every symptom of fever, but continued very weak for some time after. In this instance, debility came on very rapidly; and the disease had not been noticed before in the town, nor did it occur to me, at the time, to be the Influenza; but I soon heard, that to the northward, from St. David to Fishguard, several families were attacked by it; and I saw some myself in the complaint, in most respects similar in its symptoms to a common catarrh, accompanied with marks of local affection, in others exempt from these. In a few weeks after this, it was general through this town and county. In some families the whole were attacked with it; while in others, in the same street, one or two individuals only suffered; the remainder continuing exempt. The period of duration might perhaps be limited to six weeks, but I think in some instances it appeared a month later. The last under my observation, and only case where it proved fatal, was that of an elderly gentleman; he died about the beginning (the 11th) of May. It prevailed here at the same time we first heard of its being in Bristol and its neighbourhood.

It did appear, in single instances, after ceasing to be general. It did not appear to me to pass from one person to another. In this family, one only out of seven persons was ill, while in the opposite house, most, if not every individual one after the other, some at the same time, felt its effects: this was also the case in other houses. The disease seemed generally accompanied with phlogistic diathesis, and many in the country were bled apparently with advantage; but I did not think it advisable after the instance first mentioned, particularly as where topical affection seemed to prevail it was removed by other means. I found advantage from emetics, but what I chiefly employed was James's powder, which was very effectual.

19. Mr. Jones, Pembroke, June 27, 1803.

From every inquiry I have made, and from what has fallen under my own immediate observation, the epidemic so prevalent through the kingdom, first appeared in this neighbourhood from the last week in March to about the middle or latter end of April; though I had before that time some accidental patients which were attacked with

catarrhal fevers, some of short, others of long duration, from about the latter end of January. Those I supposed at the time to be of that genera of fevers which usually appears in this neighbourhood at that season of the year; but, which I am since convinced, was of the same species with that now denominated the Influenza. When it became general here, its progress was so rapid through families, that it scarcely gave time for any infectious effluvia to be communicated, as in the course of two or three weeks there were scarcely one in fifty who escaped more or less an attack. It seemed more fatal to infants under four years, and elderly people who before laboured under any other chronical disorder. They that died were carried off from the fourth to the ninth day, the disorder seeming to attain a degree of crisis on or about the latter day, at which time the general system seemed to shew a strong disposition to putridity. When the epidemic ceased to be general, it occurred frequently in single instances, and that through the greater part of the month of May, even now I witness attacks which manifest a strong tendency towards those of the month of April. One or two instances have occurred, which led me to suppose that the disorder might have been in some degree contagious; as, when a person that had been disordered was shortly removed into a family a little distant from the town, and where no part of the family before had betrayed the least symptom of disorder, it in three or four days broke out. Whether this was to be imputed to contagion or a predisposition in the atmosphere of that neighbourhood, before the removal of the disordered person, is what I cannot give any opinion upon; nor, in any instance but these, can I suppose that the infection had been communicated by contact or in clothes.

20. Mr. Creaser, Bath.

I am not in possession of a sufficient number of data to form a conclusive inference, as my surgical practice is much more extensive than my medical; yet I have seen many cases of influenza. In general, I think that those branches or members of a family which were in the most frequent habits of communication and contact, suffered most; I yet know an instance where, in the case of two sisters sleeping together, one did not receive the disease from the other, although other parts of the family received it. In the decision concerning contagion, more stress should

should certainly be laid on positive, than on negative facts.

I think in the general variety, the influenza had but little in common with catarrh. The inflammation of the Schneiderian membrane, and that of the mucous membrane of the bronchiæ were much more frequently absent than present, and when existing did not form the prominent feature as in common catarrh. Symptoms attended which are rarely or never co-existent with catarrh. The usual primary symptoms of typhus and synochus, especially a sudden accession of head ach, with chilliness and prostration of strength, were the first indications. By conversation with some of the most eminent of the London practitioners, I learned, that pains of the articulations, particularly of the ancles and shoulders, were excessive;* sore throat was a common part of the disease. The disorder has often been protracted to the common term of fever, viz. the second or third week.

I have before mentioned the depression of strength and other symptoms as essentially differing in this complaint from the ordinary concomitants of catarrh; yet it is certain, that catarrh, or any other local inflammation, will in some habits, produce febrile symptoms of the typhoid kind. When pneumonia appeared in the influenza, it was connected with a different constitutional affection from that of pure pneumonia.

I saw the first well-marked case at the latter end of February, and the last on the 4th of April.

21. Dr. SAINSBURY, Corsham, April 12, 1803.

It is doubtful with me if the present influenza can be attributed to the contagion that arises from one diseased human body pervading and generating it in another.

At a boarding school in this neighbourhood, containing nearly sixty young gentlemen, about fifteen of them had the disease (well marked cases) three weeks since, and the others, notwithstanding some of them were bed-fellows, did not take it.

I believe the influenza is distinguishable from a common catarrh, as, (in many cases) the febrile symptoms commonly run higher, and the depression of strength is more sudden, and much greater.

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* A lady of fashion, to my knowledge, made a figurative delineation of the disease, in which demons were displayed pinching particular joints.

In some instances the catarrhal symptoms were very slight; but in most cases the languor and debility were considerable, and in some very great, much more than is usually observed in common catarrh.

In one instance the patient, after being first attacked with pneumonia, gradually sunk into typhus, and died. This person had, the week before he was attacked, undergone a chirurgical operation, and was in a very debilitated state.

The first case of well marked influenza that came under my care was (I believe) about the 27th or 28th of February; and the last, on Sunday the 10th of April; but the disease is still prevailing.

22. Dr. Blake, Taunton.

From the few observations I have been able to make, I cannot think the influenza is strictly a contagious disease; and it can only prove so, in my opinion, when (like other febrile disorders) it runs on in peculiar constitutions towards a fatal termination, by producing those symptoms of the greatest debility, known by the name of symptoms of putrescency.

Observations that were general only at first tended to form this opinion; but some particular cases have also had great weight in confirming that opinion.

An old lady, confined to her house by age, and not in any accountable way exposed to contagion, had an attack of influenza, whilst none others of the family had any symptoms of the disease. And some instances have come within my knowledge, in which one of two persons, who slept together in the same bed, and who were almost constantly together during the day, has escaped, whilst the other was suffering from the complaint.

I do not think that any peculiar diagnostic symptoms can be laid down, so as satisfactorily to distinguish the influenza from catarrh.

In various instances, the symptoms seemed to run into each other by almost insensible degrees. In mild cases, therefore, I should call this disease by the former name, and in more violent ones give it the prevailing name of the latter.

I have, at different periods, seen cases, in which great depression has attended an attack of common catarrh; but that affection has without doubt lately shewn itself in a very *remarkable manner* in the influenza. I have also seen cases, in which the other morbid symptoms of influenza have

have prevailed to a considerable degree, without any very evident state of depression. It appears to me very difficult, in general practice, to affix the bounds of certain disorders, the symptoms of which are so nicely discriminated, and laid down with so much apparent accuracy by nosological writers: and I am very much inclined to think that this disorder may, at various times, have appeared in almost all the gradations from pneumonia to low fever.

The supposition of the influenza being a contagious disease, does not appear to me *of itself* sufficient to account for its rapid and extensive spread; nor do I think an adequate cause can well be assigned, unless it be attributed, in a very especial manner, to some peculiar changes and unknown states of the atmosphere.

23. A PHYSICIAN, who does not give his Name.

Whether epidemic catarrhs are contagious or not, has been a subject of controversy from the earliest accounts we have of them, and from no observations on the present epidemic have I been enabled to decide the question. Pyrexia, with an unusual degree of languor, lassitude, and general debility in the animal functions, accompanied with head-ach, great confusion of thought, arising often suddenly to delirium, or drowsiness and stupor, appear to be the characteristics of the prevailing disease. Catarrhal or pneumonic symptoms generally attend, or inflammation of some other secreting surface; but I have met several cases without them, and it is not uncommon for the fever to remain after they have vanished. In a few instances, on the second or third day, an eruption like measles has come out. When the disease first appeared in the end of February, the catarrhal symptoms were more frequent and severe; at present the febrile, particularly the affection of the head, are most prevalent and distressing. When the catarrhal affection attends, the disease has been more tedious; when fever alone, it generally runs its course in a few days, frequently leaving lassitude and depression behind for some time. On fresh exposure to cold the cough is readily renewed and also the fever, which in three cases I have observed to assume an intermittent form.

I have met single instances both with and without catarrhal symptoms.

The prevailing epidemic appears to be distinguishable from catarrh, by the suddenness and severity of its attack, by its occurring without exposure to the remote causes of

catarrh, by the type of the fever, by its continuing after the catarrhal affection is gone, and particularly by its sometimes running its whole course without them. I therefore consider the present disease to be a fever of a peculiar kind, the remote causes of which are highly diffusive; that the catarrhal symptoms are no more essential to it than inflammation of the peritonæum, intestines, or any other secreting surface, but that its being combined with the diseases of the season produced them.

Antimonials, laxatives, and afterwards opium, with blistering, when local inflammation attended, I have found universally successful.

24. *Copy of a Letter to* Mr. DEWAR, *Surgeons-Assistant, of the 30th Regiment, from* Mr. BROWN, *Surgeon, of Sunderland.*

I would have sent you the information you request, on the subject of influenza, before this time, but could make out nothing satisfactory from the regimental books, as the weekly and monthly returns of the two divisions are so blended together, that it is impossible, at this distance of time, to separate and unravel them. The following is as accurate a statement as can be collected from the hospital and adjutant's books; but it is necessary to premise, that the disease was often so slight, that many of the women and children, as well as of the soldiers, were not confined by it, and of course thought medical assistance superfluous.

The disease appeared about the 21st of February, and entirely subsided by the 23d of March; exactly the period of one lunar revolution. The fine weather introduced along with the new moon, on the last mentioned day, probably produced this salutary change.

The state of the division of the regiment at Sunderland, at the commencement of the epidemic, was nearly as follows.

Total strengths, including serjeants, drummers, rank and file - - - - -	200
Of those who served abroad - - - - -	150
Of recruits, joined since landing - - -	50
Of the old soldiers who took the disease - -	6
Of the recruits ditto - - - - - - - - -	16

Out of 20 women who were abroad with the regiment, 5 had the epidemic.

Out of 21 children who were abroad, 6 had the epidemic.

Out

Out of 17 women joined since the return of the regiment, 3 had the epidemic.

Out of 17 children joined, or born, since the return of the regiment, 4 had the epidemic.

For the reasons above mentioned, the number of women and children who had the disease, and even of the soldiers, is far from accurate, as I have only put down those who came under my own observation.

The disease was milder in the barracks than in town; but I only heard of one among the inhabitants who died of it.

The old soldiers had the disease in a slighter degree than the recruits; two or three of the women had it very severely.

All the patients were much relieved by emetics, which produced in all of them copious discharges of bile, and by continuing their operation downwards, or directing it towards the skin, a cure was in most cases obtained.

In one patient the disease was followed by jaundice.

In most of the cases which occurred to me, the catarrhal symptoms were only secondary, and subsided as the bowels were emptied. Slight inflammation of the fauces, accompanied one or two cases. In two instances, where the cough was protracted after the other symptoms had disappeared, the patients were cured by the Peruvian bark. Although the disease, in general, when introduced, went through a whole family, there was only one man in the hospital seized with the epidemic, yet no care was taken to separate the cases admitted with it from the rest of the patients. The men who took the disease in the barracks, were remarked not to belong to one company, or room, in greater numbers than to another, and had often no communication with persons previously affected.

If these remarks can be of any use to Dr. Clark or Dr. Beddoes, they are much at their service; but I am afraid they will go little way to settle the dispute, whether the disease is propagated by human contagion or aerial impregnation.

May 20, 1803.

25. *Copy of a Letter from Mr.* Dewar, *Surgeon's Assistant, of the 30th Regiment, to Dr.* Clark, *of Newcastle.*

It was longer than I expected before I received an answer from Mr. Brown, the surgeon of our regiment, otherwise

 I should

I should have sent you the statement you wanted much sooner.

TABULAR *Account of the late Epidemic Influenza in Tynemouth Barracks, on a Detachment of the 30th or Cambridgeshire Regiment of Foot.*

DESCRIPTION of PERSONS.	Numbers who had the Epidemic.	Number who escaped the epidemic	Total.
Serjeants, drummers, and privates, in the barracks, during the prevalence of the epidemic, who had been in foreign service	3	92	95
Ditto in ditto, during ditto, who had joined since the landing of the regiment from the Mediterranean	2	14	16
Women in the barracks, who have been abroad	2	8	10
Ditto joined since the landing	5	10	15
Children who came with the regiment from abroad	2	8	10
Ditto born, or joined, since the landing	2	3	5
Officers who have been in foreign service	1	3	4
Ditto, who had joined since the landing	0	1	1
Total	17	139	156

The disease was in the barracks of Sunderland exactly one month before it appeared in those of Tynemouth. Mr. Brown remarked to me that, at that time, it prevailed chiefly among the young recruits. This circumstance did not take place in such a striking proportion at Tynemouth. The only patient of mine who suffered much debility, and was confined to bed a number of days, was an old soldier. This was the only patient whose eyes and skin were tinged yellow.

What I have chiefly to remark is, that, from the loose accounts I received of its general prevalence among the inhabitants of North Shields and Tynemouth, where it sometimes pervaded a whole family, it appears to have been comparatively much less general among our soldiers. This circumstance could not have proceeded from the want of exposure

exposure to infection, as they had constant intercourse with the people of the neighbourhood, several of them daily frequenting the drinking houses; and those patients who were seized with the epidemic in the barracks were not separated from their companions, especially the women.

The symptoms were much more severe in the women than in the men, excepting in that one man whom I have mentioned.

One query I would start from the statement I have given, and I should wish to see it answered by statements from other regiments. Have soldiers in general, especially old soldiers, been less susceptible than others of this disease? or, has this circumstance been remarked more in some regiments than in others?

Persons who habitually associate together, and are subjected to the same regulations and stile of discipline, certainly receive a train of impressions in common, which may modify the susceptibility of the system, while we will in vain endeavour to particularize the causes. This idea struck me very forcibly in one instance in Egypt. The 24th regiment, which arrived with some others near the close of the campaign, was employed before Alexandria, along with some other regiments, where they were, in every respect, exposed to the same external causes of disease. But that regiment suffered from ophthalmia to a degree unexampled in any other. That disease threatened to render the regiment next to useless, and a considerable number of the men permanently lost their sight, from the traces left by the violence of the inflammation. Within the compass of my knowledge, this was in other regiments a comparatively rare occurrence. All this led me to conclude, that diseases may run in regiments, and in ships, independently of those ascertainable circumstances of external situation that affect the health.

On inquiry of the surgeon of the Lapwing frigate, which has lain for some months in the harbour of N. Shields, I was told that not one man belonging to it had had the epidemic. The surgeon described to me three cases of pulmonic inflammation at that time under his care; but so far as I could judge, they had no appearance of having originated from the Influenza.

You will easily perceive how the circumstances mentioned in Mr. Brown's letter, as limiting the accuracy of his statement, apply to mine.

Perhaps, Dr. Beddoes may think it worth while to request statements from as many surgeons of regiments and

of

of ships as he can have access to, in order to ascertain the degree in which soldiers and sailors have been susceptible of the disease.

Tynemouth, May 24, 1803.

26. Dr. Magennis, Royal Hospital, Plymouth, June 22, 1803.

In conversation with our friend, Mr. Allen, he spoke of your laudable intention of amassing such a body of evidence as would in all probability determine the real nature of the late general catarrhal affection; that is, whether the disease was to be deemed contagious or otherwise. I then mentioned to him the only fact which came to my knowledge, that could at all disturb the opinion I had formed of its non-infectious nature. The circumstance alluded to, occurred in a gentleman's family with whom I am on terms of intimacy, and was as follows. The man servant was first attacked with severe catarrhal symptoms; the complaint continuing to increase in violence, and being a married man, it was judged necessary that he should go home to be nursed by his wife: the cook was then seized, and likewise obliged to quit her service; the woman who succeeded the cook, as a temporary substitute, was in less than forty-eight hours also attacked with similar symptoms, and shortly after the gentleman's daughter. In the mean time the man servant recovered, and returned to duty; but he had not been many days in the house when he was again seized, from which he recovered very slowly, and has continued ever since in a very debilitated state, notwithstanding the use of the most powerful tonics.

It must be confessed that these facts strongly support the contagious nature of the disease; but they are isolated facts as far as my own experience extends, while the tenour of my practice warrants me in drawing a directly contrary inference: but at the same time it must in justice be observed, that, that practice has been, with respect to influenza, extremely limited.

That the influenza travelled from east westerly must be admitted, as the disease existed in its full force many weeks in London, previous to its appearance in the milder climate of the west of England; and it was extremely prevalent in and about Exeter before its influence was at all felt at Plymouth and its environs; where, all of a sudden, it became general throughout the three towns of Plymouth, Plymouth Dock, and Stonehouse, extending in every direction

rection to the adjoining country, and so on to the Land's End; the disorder arriving at its acme in a few days from its first appearance.

Does not this sudden and general appearance of the disease militate against the idea of any specific contagion? Are there any well authenticated historical records of contagion, however malignant and destructive, having spread with such celerity? Are its effects as contagion, admitting it such, commensurate to its rapidity and universality? And ought it not rather to be imputed to a peculiar state of the atmosphere? This peculiar constitution of the air in great measure, superinduced by frequent alternating changes from heat to cold, from frost to rain, joined to the unusual prevalence of easterly winds during the winter and commencement of the spring: I say, in great measure, as there is probably a certain something, quality or substance, indefinable, because hitherto it has eluded, and will perhaps for ever elude, the most vigorous efforts of human industry, independent of the usually observed physical properties of air, its various changes and modifications, periodically superadded to the atmosphere of certain portions of the globe, rapidly diffusible, but limited in its extent, course, and duration.

It is however a certain truth, that the ships of war fitted out and manned in the river Thames, had their crews very generally affected with influenza, especially the Albion and Thunderer; both ships having lost a great many hands by that disease. On the Albion's arrival at Plymouth, eight of her men were sent under my care to the Royal Hospital in the most deplorable condition: two died a few hours after admission; but the others recovered, contrary to all expectation. The surgeon, deceived by the severity of the cough, dyspnœa, and stricture on the chest, was at first induced to employ the lancet freely; but he soon perceived that all those who were blooded, sunk speedily after the operation. Two died the day before the ship arrived here, although the disease had existed only six or seven days altogether on board. The complaint continued to spread to an alarming degree for many days after the ship anchored at Cawsand Bay, and proved fatal to several. The Thunderer was equally affected, and about the same period, early in April. I must observe, that nothing like contagion was propagated to the other patients in the ward (being ten in number besides two female nurses) into which the Albion's people were put, although these men were in the last and most aggravated stage of the malady.

One

One of my medical friends states as follows: "About this period (end of March) I was called to the assistance of a few families in Dunford Street; in three of these, the servants were first seized, afterwards the remainder of the family without exception. In two others, the children were seized next to the servants; but the parents escaped; and in one family, a younger daughter conceived she caught the disease by sleeping with her eldest sister."

Whatever may have been the specific nature of the disease, I am persuaded it had lost much of its virulence before it reached us, if I were to draw the inference from a comparison of the mortality caused by it here and to the eastward; for there are but few instances of its having proved fatal in or about this place.

Independent of the numerous deaths caused by the immediate operation of this epidemic, considered simply as such, I have reason to believe that it has been productive collaterally of more extensive mischiefs, by adding largely to the list of consumptive patients. Phthisis has been more than usually prevalent and destructive during the last few months, owing, I think, to the baneful effects of influenza. All those, who from an hereditary constitutional taint, and those predisposed to the disorder from a peculiar idiosyncracy and conformation of system, or those who had already laboured under the slightest degree of pulmonic tubercular irritation, if attacked by the prevailing epidemic, will be found, I fear, ultimately to have fallen victims to pulmonary consumption.

Whether the above remark is likely to correspond with the past experience and future observations of others, I know not; but the fact has forcibly impressed itself on my mind; and, unhappily, I have already witnessed too many cases to strengthen and justify the opinion.

Q. When did the influenza begin and cease with you?

A. In or about the 20th of March, and wholly disappeared about the beginning of May, or at the latest the middle of that month.

Q. Did it begin and end sooner or later in the country than in the town?

A. It shewed itself first in the country, east of Plymouth, and appeared in Cornwall, lying west, later than at Plymouth.

Q. Do you believe it passes from person to person?

A. Out of seven medical men of extensive practice consulted, four gives an opinion of its non-contagious nature,

two

two are doubtful, rather inclining to its being infectious, and the other decides it contagious.

It is difficult to account for the various dissimilar and contradictory opinions which the medical world entertain respecting the nature of this malady. I feel great pleasure in communicating to you every fact that came under my own observation, as well as those which I have been able to collect from others, and I lament only that their paucity should render them of so little value.

27. Dr. BREE, Birmingham, April 10, 1803.

I have not been able to satisfy myself on this head. A person came from London with the epidemic upon him. As he had travelled all night, and was an old asthmatic, he did not at first consider his disorder as the influenza, which it clearly was.

This patient remained in a family under every symptom of the influenza, till he could pursue his journey, twelve miles further. None of the family, in which he staid a week, were infected by him.

The epidemic is distinguishable from a common catarrh by the loss of strength and degree of fever, and more particularly by the slow progress to recovery, and the great depression of mind which remains till the strength is restored.

In single instances the disease was frequently very mild; and where it went through families, it was frequently so mild as not to be distinguished from a common catarrh; it would therefore be properly termed a catarrh in such instances, the loss of strength and degree of fever being not considerable; yet there might be observed more depression in convalescence than usually follows or accompanies the progress of common catarrh.

In some few instances the disorder was attended by prostration of strength, equal to that of low fever; but in these, evacuations had been too large, or too long continued.

No case well marked occurred to me before the 6th of March: The disease has not yet finished its course here.

28. Dr. ALDERSON, Hull.

The influenza made its appearance here after some warm weather in the beginning of March, which was suddenly succeeded by a strong and very cold south-west wind, veering to the northward and loaded with sleet. At this time,

as

as might have been expected, several catarrhs and some pneumonias made their appearance; but as reports of similar affections, with some distinctive marks, were prevalent in other parts of the country, we had no doubt in classing the epidemic under the fashionable title. Its most characteristic marks were fever, head-ach, weight on the eyes, pain in the arms and limbs, but the aching in the arms was the most pointed symptom. In some the irritation was nearly membraneous; in others, the stomach and biliary secretions were the seat of disease; in all, considerable fever: and as it began at different times in different parts of the country, there was reason to suppose it contagious; but all who got cold at that period, and for six week afterwards, had nearly similar symptoms. In no family that I attended were all affected; but in general it has been so slight a disease, that I have scarcely ever prescribed for more than one in a family. Amongst the lower orders, from inattention to the inflammation along the mucous membrane extending down the bronchia, I can perceive symptoms of phthisis. Of these I have seen above a hundred, who began their tale with, "Sir, about six weeks ago I had the complaint, but thought nothing of it at the time."

The present epidemic is the inflammatory sore throat; several of them have run into abscesses, and in one instance I think the inflammation had extended into the trachea; for when it broke, suffocation was induced by the quantity of matter discharged. Where the stomach was the principal seat, an emetic, followed by rhubarb and salt of tartar, cured. Where the chest was affected, the blood was commonly sizy; and such were all benefited by one bleeding.

I have found the bark and acids hurtful, the extract of poppies the most useful sedative, and the common spirit of Mindererus, the most generally useful febrifuge.

29. Dr. Blount, Hereford, June 28, 1803.

The influenza appeared in these parts soon after Christmas, became very general in February and March, and began to disappear in April; but solitary instances of it were to be found till the middle of this month.

The first cases of it that occurred to me, were remote in the country, and among persons that did not seem to have had any connection with any one affected with it.

It often seemed to pass from person to person in the same family, but by no means universally so, for children generally

generally escaped, particularly young children, two only out of eight, in my own family, had it very slightly. The lunatics in our asylum were not affected by it. The old, the feeble, and particularly the asthmatic, were severely treated by it, but to few, very few indeed, did it prove fatal in these parts.

It did not appear to me to be conveyed by clothes or other instruments, but to be propagated by the atmosphere.

[To be continued.]

To Dr. BRADLEY.

My dear Sir,

MEDICAL practitioners of the first eminence appearing divided in their opinion on the question now so frequently agitated, Whether the epidemic, which lately prevailed, was *contagious or not?* I have (agreeably to the invitation given your Correspondents to communicate the result of their experience in this disease), transmitted an account of its appearance and progress in the cavalry barrack at East Bourn, occupied by a troop of the second regiment of dragoons. If you think the facts it contains will assist your readers in forming an opinion on this interesting question, you will have the goodness to insert it in the next number of your useful publication.

I am, &c.

Bexhill Barracks, EDWARD T. LUSCOMBE.
June 16, 1803.

The cavalry barracks at East Bourn, occupying a square of about four acres, is situated within a mile of the sea, and one hundred and fifty yards of the town; but being built on an acclivity, is more exposed than East Bourn; particularly to the rage of the south-west winds, which are very prevalent, and blow at times, over Beachy Head, with tremendous violence.

The officers' apartments are separated by a thick brick wall from those appropriated to the accommodation of the non-commissioned officers and privates; the latter, consisting of ten rooms, are on the same floor.

During the month of March last, the influenza was very prevalent at East Bourn, and was epidemic in the town and neighbourhood some time before it made its appearance in the barracks.

On

On March 19th, in the evening, two private dragoons, in rooms No. 4 and 7, complained of violent pain in the head over the eyes, and every symptom of influenza, as described by Dr. R. Pearson, who all followed the treatment laid down in his publication; one was discharged to his duty on March 24, the other not until April 2; cough and debility resisting the usual remedies.

A third dragoon, in room No. 3, was attacked on March 21st, and remained incapable of doing his duty until the 25th; a fourth private was also attacked on that day in room No. 6, and remained on the sick list until the 27th. The farrier's wife, in room No. 4, and a child (who was, if I recollect rightly, in the same room) also went through the disease about the same time. All those persons continued in the barrack rooms; an hospital not having been then built.

The subjoined account will shew at one view, the number of persons in each room, and the proportion those attacked bore to those who escaped the disease.

I am not prepared to give it as my decided opinion, that the epidemic which lately prevailed, *was not contagious*; but from its appearance in East Bourn barracks, and all the information that I have been able to collect, I am inclined to think that it was not. And I believe that *its cause* must be sought in the state and variations of the atmosphere, and great and sudden changes of temperature.

An Account of the Number of Persons who were attacked by or escaped the Influenza in the non-commissioned Officers and private Soldiers' Rooms, East Bourn Barracks, March, 1803.

	Men in each room.	Women in each room.	Children in each room.	Total of persons in each room.	Men attacked by the disease.	Women attacked.	Children attacked.	Total of persons attacked by the disease.	Total of persons who escaped the disease.
Quarter-master's room	1	1	2	4	—	—	—	—	4
Barrack serjeant's do.	1	—	—	1	—	—	—	—	1
Serjeants room	3	1	2	6	—	—	—	—	6
Soldiers room, No. 1.	7	1	1	9	—	—	—	—	9
——— No. 2.	7	1	1	9	—	—	—	—	9
——— No. 3.	4	1	1	6	1	—	—	1	5
——— No. 4.	8	1	1	10	1	1	1	3	7
——— No. 5.	8	—	—	8	—	—	—	—	8
——— No. 6.	8	1	1	10	1	—	—	1	9
——— No. 7.	8	1	1	10.	1	—	—	1	9
Total	55	8	10	73	4	1	1	6	67

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE annexed letter contains some Observations on the late Influenza, in answer to a letter received from Mr. Aikin, Secretary of the London Medical Society. As the paper is much too long to coincide with the plan of the Society on this occasion, I have to request you will give it a place in your valuable Journal

I am, &c.

June 11, 1803. RICHARD DUNNING.

I beg leave to state to you generally, in reply to your comprehensive queries relative to the late epidemic, that I do not recollect to have observed a case of it distinctly marked in this town, until the 16th or 17th of March; that it prevailed in its highest activity in the course of a few days; and that its range, in a way to claim much attention, was little more than three weeks. Relapses, however, either from incautious exposure, or other inattentions, were not infrequent; but I do not believe that any original seizures of influenza were met with after three weeks; if any did occur, these were so much shaded and lost in other complaints, that they could not be satisfactorily enough ascertained to enable me to speak to them. A most petulant and very often an unexpectorating cough, accompanied with uncommon debility, and other effects of the late impression, continued much longer, and in many subjects of it continue to this day; but the influenza had taken such compleat possession of our minds, that it is only very lately that we have ceased to associate the idea of it with almost every indisposition that has since occurred.

Superadded to the usual symptoms of winter catarrh, were a violent pain of the head, *generally of the forehead*, confined over *the orbits of the eyes* along *the frontal sinuses*; sometimes the pain was in the hinder part, but this was rarely; sometimes across the forehead, apparently along the course of the coronary suture; frequently a pain equally violent, of the back, and now and then about the chest and seat of the stomach. In many, a soreness amounting often to much pain, so universally through the muscles, particularly of the extremities, it led sometimes to a remark

among medical men, that the seat of influenza seemed often to be muscular—a degree of *peculiar debility* (which was undoubtedly the pathognomonic trait of this epidemic) much greater and more sudden than could by any means be accounted for, either from the violence, length, or general character of the symptoms. The tongue was invariably covered more or less, generally indeed slightly, with a whitish coat; the loss of appetite was entire in most instances. The tenor of the pulse was always much more that of quickness than strength, and there was often a great tendency to perspiration over the whole surface, and in a few cases, a very distressing vomiting continued many days in spite of every remedy. In these instances, perhaps the principle of disease had passed into the stomach, either with the food or saliva, or this symptom more probably was merely sympathetic; certainly, it occurred only in very irritable habits. A nice observer assured me, and my own recollection confirms the remark, that when the head and chest were less affected, the extremities suffered proportionably more, and vice versa. However great the affection of the chest, I never adverted to bleeding, the remarkable prostration of strength always forbade it. If early called, I usually gave an emetic, which I always thought useful, and soon after its operation, a gentle laxative of calomel and rhubarb; these were followed by frequent doses of nitre, liquorice powder, antimonial powder, and Mindererus's spirit, and I generally gave an opiate at night. The latter did not certainly in my practice succeed at first in the early stages of the complaint; but I soon gave them, however, with considerable benefit when joined with a saline camphorated draught; indeed, in all the cases which were more remarkably attended with that peculiar debility that has, I believe, invariably characterized every recurrence of influenza, I gave the camphorated julep and spirit of Mindererus with very satisfactory effects; and after the removal of the febrile symptoms, I have preferred camphor and the squill pill to any preparation of the Peruvian bark. In a few of the severer cases which fell under my care, the repeated application of blisters seemed necessary and useful; indeed, I often thought it one of the best remedies.

On the authority of Dr. Huxham, I constantly recommended a liberal use of wine whey. This admirable combination of wine and milk, (at this time perhaps too much neglected) seemed to me excellently adapted to meet the general indication, for whilst it readily pervades the system

or

or passes off through the great emunctories of the skin and kidnies, it affords at the same time an agreeable bland cordial principle of nutriment, peculiarly well calculated, without heating, to support the constitution under the pressure of so much debility. But after all, little as we know of the real nature and source of the late epidemic, and little fatal as it was in this neighbourhood, I am not sure that the greater number of my patients would not have recovered from it as readily and as perfectly by a little confinement and simple diluent food without medicine at all. Active medicines, and indeed every medicine, with some persons, most frequently nauseate; and hence, no doubt, often disturb and interrupt those agencies of the system, which under the slighter derangements of it at least, would soon determine health. The present anxious and very laudable endeavours to obtain accurate information, with a view to establish some data to be referred to hereafter with confidence in the event of similar epidemics, sufficiently confirm the late indecision of public opinion with respect to the late influenza, and justify an apprehension that medicines must have been sometimes given, and other means of cure adopted, in some measure, at random, and it may be feared now and then even with disadavantage.

> " Res fuit herclè diætæ potius accuratæ ac debiti
> " Regiminis quam medicinæ elaboratæ."

A few elderly persons only, and these were tottering under previous indisposition, generally of pulmonary, but sometimes of dyspeptic character, were destroyed here. We hear, therefore, with great surprize of its fatality in many other places. Since the influenza disappeared, I do not know that any disorders have prevailed at all remarkably; a few genuine inflammatory cases have occurred, but these have hitherto been certainly less numerous than they frequently are between spring and summer. A fine young woman, who had long enjoyed good health previously to an attack of influenza, is at this time, I much fear, on the brink of phthisis, perhaps it is already formed. It does occur to me, that I do not know an artrhitic friend in this town who has not, within the last two months, been at least once confined; and I have now under my care, an old lady above sixty, whose health has always been infirm, and where I should least of all have expected gout, suffering under a severe first fit of it, and I am in attendance also at this time on several cases of acute rheumatism.

With respect to the much disputed question, whether the late influenza was or was not a contagious disease, I do not hesitate to say, that the result of my own observations never inclined me to subscribe the former opinion. This singular affection appears to have gone on in a pretty regular progression from east to west. We heard of it at first on the Continent; after some time in London; in a given time it seems to have reached Exeter, and from thence to Plymouth; and we now hear of it in Dublin; and, which is a very remarkable circumstance in its history, it does not appear that the course of it has been materially interrupted or forwarded by the winds. Its attack was here so sudden that it reached its acmè in a few days, and its retreat, I believe, was equally sudden with respect to new seizures.

The first well-marked cases of it which fell under my observation, were a woman and her two sons, fourteen and sixteen years old; these three were attacked within twenty-four hours of each other. Two days after I was called to a family consisting of six, a man, his wife, and four children, all of whom were taken ill nearly at the same time; two or three of them were previously very weakly, and all of constitutions extremely delicate. The aspect of the house in which they lived was due north. From this time my calls were continual from morning till night. I visited many families that were seized pretty regularly in succession in a way that might strongly persuade to a belief of contagion; many families in which several or all were seized nearly at once, and many where a single person only was affected. Indeed, I suffered in my own person no inconsiderable portion of influenza; and although I was occanally in the midst of a large family, and my children perpetually about me, none of them to my knowledge felt a shade of it.

My ingenious neighbour, Mr. Little, (who thinks exactly with me on this occasion, as far as relates to contagion) whose practice is probably more extensive than that of any other medical man in this town, has told me, that availing himself of an opportunity when he was less professionally engaged, he visited some friends at Exeter, on the 13th of March; that he found the influenza there at its height, and that on his return to Dock, at the end of a week only, he learnt with surprise that we had been fully engaged in it for several days.

Dr. Remmett has very obligingly favoured me with the copy of a letter sent by him to Dr. Duncan, at Edinburgh, in

in 1782, in answer to some queries relative to the influenza that prevailed in that year. This letter was either not received by Dr. Duncan, or by some inadvertence or other was not printed in the annals of that year, with the other papers on the same subject. Dr. Remmett never troubled himself, however, to enquire how this happened. The letter is immediately ad rem, and important in many respects, I am therefore very glad to avail myself of it. Such an opportunity of marking the progress of a similar epidemic must necessarily very rarely happen to an eminent physician. Those who best know Dr. Remmett's professional abilities, and have often availed themselves of his efficient prescription, will not read the following remarks with cursory attention. I should premise that the doctor has never believed these influenzas to have been at all contagious.

"SIR,

"I have received your queries relative to the late influenza, and from the circumstance of having travelled from hence to London (about 212 miles), and back again in five days, I can give you a pretty exact account of its progress. When I left home on Sunday, May 26, it had not then made its appearance among us, nor did I hear of it on my journey, until my arrival in London, on Tuesday evening, when it was so general there, that an apothecary, who was indeed a man of considerable practice, assured a friend of mine, that he had seen near 200 people ill of it on that day. I slept but one night in London, and on my return home, Friday evening, May 31, I began to feel a lassitude, which I at first attributed to the fatigue of an anxious and very hasty journey: On the next morning, however, the other more characteristic symptoms of catarrh came on, together with a feverish habit; and in this state I continued several days, the langour being all that time, and for a week or ten days afterwards, very considerable, but without fever enough to require confinement or take me off from business. I was thus the first person attacked by this very curious disorder in this town, and I think it probable that I brought it with me from London; but it seems to have travelled westward nearly as fast as I did; for on Saturday many were taken down here, and on Sunday, Monday, and the following days many more, and there is no doubt but it made its appearance at Plymouth before it could be discovered at Dock, which is only two miles to the westward of us. What I have said of myself

 applies

applies with very little variation to by far the greater part of those who had the disease, which was so general, that I can hardly name half a dozen who escaped it, and they were of habits and modes of life the most opposite to each other, and I have heard of no precautions made use by any person. Even in this first stage of the disorder the fever was, however, in many very considerable, with great heat on the skin, and a state of pulse which induced some practitioners to draw blood, from which I never observed any bad effects, although I do not believe that it was in any case productive of much good in the primary state of the complaint. I should add, that in some the influenza put on the appearance of angina, and in others, it was attended with pains in the limbs, but the catarrhal symptoms were by much the most prevalent form of the disease. Its progress was very rapid for about a week, and after that time it became less frequent, though those who were then affected by it suffered more severely than those who had it at first. I cannot say, that I observed any notable crisis; but I think there were very few, if any, who got through the disorder without some degree of increased perspiration. I know of none who died in this stage of the disorder, and the best remedies were spt. Minder. and the occasional use of gentle laxatives, which were always of much service in reducing the fever, and lessening the uncommon langour with which it was attended. This leads us to account for some *of the most remarkable symptoms*, which may be clearly referred to the biliary organs.—But the most serious part of the history of this disorder is yet to be related as a *sequela*. On the 10th and 11th of June, pleurisies and peripneumonies began to attack those who had not taken proper care of themselves in the first stage of the disorder; or it may perhaps be better to give the name of pleuro-peripneumony to this state of the complaints, for I saw no one in whom the two affections were not combined; and it is worth remarking, that many became extremely yellow during the progress of this part of the disorder. On the 13th and 14th, (the weather being extremely hot) many more were ill of it, and for ten days it was so very prevalent, that it was hardly possible for me to do more business than fell to my lot. Here, however, notwithstanding the languor and other bilious appearances, blood-letting with blisters and the most powerful antiphlogistic regimen became indispensably necessary from the violence of the fever, the oppression of the breast, and acute pains in the side; and the blood was re-

markably

markably sizy and very much cupped. The loss was not attended, however, with as quick a relief as it generally produces in inflammatory complaints of the breast; but I have never known any alarming epidemic in which I had so much reason to be satisfied in the end with any mode of treatment. All other diseases seem to have been lost for some time in this one epidemic. As to the brutes, I can give no satisfactory information concerning them; but I am inclined to believe, that coughs were then and have since continued very frequent among horses. The difficulty of procuring dissections in private practice, (and mine is entirely of that sort) prevents my saying any thing to you on that head; and with respect to the Peruvian bark, I saw nothing to induce me to try it in either stage of the disorder; but, with convalescents, it has been productive of all its usual good effects.

"R. B. REMMETT, Plymouth."

Dr. Huxham observes, of a similar epidemic in 1733, "Nos tamen Plymuthi ante iv iduum Februarii vix attigit: quo die nempe Saturni, plurimi subito quasi correpti erant, postridie innumeri, ad xv. kalend. Martii omnes undique." The late influenza then, it appears, reached this place from Exeter at the most in three days, and spread through the whole of this large town in two or three days. Dr. Remmett has most unquestionably proved, that the epidemic of 1782, travelled at least with equal celerity, and that it observed the same line of direction; and the memoranda of our Hippocratic Huxham inform us, that the febres catarrhales epidemicæ of the years 1733 and 1737, were most strikingly similar, both in respect to the suddenness of their appearance and general concourse of symptoms. Did ever the most malignant contagious disease on record spread with so much rapidity as these? If these epidemics spread with such unexampled rapidity through the medium of contagion only, might we not, consistently with all former observations, expect that their fatal effects on human life would have borne some proportion to such extreme activity? We can, therefore, more satisfactorily account, I presume, for this sudden dispersion of them through this kingdom, perhaps through Europe, and a considerable portion of the globe, by referring the cause of them to some peculiar constitution of the air, or rather to adventitious miasms or effluvia casually floating and conveyed through it. The latter, it is very possible, may be irregularly diffused through the atmosphere, may

 impinge,

impinge, therefore, on some persons in larger masses, and pass others altogether; and hence something like a conjecture may be offered, why some villages may have escaped the late epidemic, and why it has appeared in various degrees and different shades of character; but here too we must take into the account the variety of constitutions.

We have often heard of fatal and contagious fevers prevailing in different large towns of this kingdom, and that although these have been left to themselves, in many instances formerly, as far as relates to any means taken to prevent their spread, yet they have not extended beyond the respective towns, or, at the most, their immediate neighbourhood. The small-pox, of the worst character, are very seldom, if ever, out of these large towns; we hope now however, to be able to report, at no very distant day, their entire extinction in them; and yet I am informed that this very infectious disease has not been conveyed to Modbury during the last eight or ten years, a market town at the distance only of sixteen miles, and between which and Plymouth there is a great and daily intercourse. Indeed, were the plague itself, or any other the most contagious disorder of which we have any mention, at this moment in a central town of this populous kingdom, and the present intercourse with it not in the least suspended, I much doubt, indeed I will venture to say, that I do not believe that either of these would be propagated through this country with half the rapidity (might I not say with a hundredth part the rapidity) and regularity which have marked the progress of the late influenza. On the other hand, I entirely believe, that if all intercourse had been wholly discontinued throughout the kingdom during the last four or five months, that the late epidemic would, notwithstanding, have pervaded it much in the same manner we have seen it. Assuredly, then, this affection has been rather wafted on us, than communicated to us in the way of personal intercourse from town to town. Dr. Remmett tells us, that he travelled with the complaint to Plymouth, and there is no reason at all to doubt the fact; but how can we possibly believe that the infection issued from him alone, and from this source was propagated through this extensive town, containing more than twenty thousand inhabitants, in little more than twenty-four hours? Again, if these epidemics are so actively contagious, why do they not diverge with persons going in all directions?

Why

Why should they, unlike every other contagion of which we have any knowledge, pass regularly on in one unvaried rout?—But it has been often observed during the prevalence or previous to these epidemics, that various animals and birds have been affected and destroyed; and if I am not much mistaken, even an impression on the vegetable creation has been somewhere mentioned. I have just learnt, and I have no doubt the information is perfectly correct, that several horses died in this neighbourhood, very suddenly, during the time the late influenza was at the worst with us. That during the close of the last year, and the early months of this, that horses were every where unusally diseased, that very many died, (I knew a neighbouring farmer who lost three, and with difficulty saved several others) and that such were the apprehensions of the farmers for their horses at this time, it was a practice with those who thought the distemper infectious, to put large patches of tar upon the breasts of them by way of prevention; but many attributed, however, these disorders to the horses having eaten insects, which for many weeks were innumerable, and covered the fields in a most extraordinary manner, wherever there was any length of grass; and this, from the mildnes of the season, was general in almost every field. These were covered with a sort of spider's web, and where-ever you stepped, these insects flew off in vast numbers.—I noticed them many times—they were a long-legged, indeed, a sort of winged spider—I believe of the class Diptera; name, Oleracea. A respectable gentleman farmer, living near Modbury, on whose veracity I have the most perfect reliance, assures me, that towards the end of March last and beginning of April, during the prevalence of the influenza, that many of his horses, and those of his neighbours, were very much disordered: the disease, among them, was called the squinsy, and was marked with the following symptoms: Running at the nostrils, cough, sudden weakness and loss of flesh—(these are his own words)—none died—abscesses frequently formed and broke externally, between the cheek bones, about the root of the tongue, and sometimes internally, about the same situation. The same intelligent person, Mr. Parsons, tells me, that in November and December last, dogs were generally affected with a disease, termed with them the Houst; which he observed, seems to consist of a continual effort to vomit, and that froth and slime were thrown up by these

efforts in considerable quantities; many of these animals were ill several weeks, and many died. In the advanced period of this distemper they were very subject to fits, as they call it, running here and there, and into pools and ponds; several ran off and have not been since heard of; they never attempted to bite, and therefore the apprehensions which were at first entertained that they were mad, were soon removed. I have judged this correct information too important to be omitted:—can these general and concomitant effects be attributed on any principle of reasoning, or even of probability, to intercourse and the medium of contagion?

The active sphere of febrile contagion, even that of the plague, is now, I believe, generally acknowledged to be limited to a few yards, if not feet; and, therefore, until we are more acquainted with the laws of contagion, and know what the principle of it is, we may be allowed to assert at present a belief, that the atmosphere, of *all contagions* which have a power of affecting the human constitution, is equally circumscribed; must not then the almost inconceivable progress in this point of view, which we have shewn always marks the influenza, and, I believe, has given it this designation, and also the synchronous affections of various animals, be unquestionably referred to some common agent or cause, at once applicable to all—a peculiar impregnation of the atmosphere? I believe these observations apply, with the strictest analogy, to the late epidemic. Dr. Huxham, adverting to the cause of those which occurred in the former part of the last century, and which, with his usual accuracy, he has most minutely described, or rather, indeed, delineated,—says, "Omnino mihi pendere videtur à crasso, udo, gelidoque aëre, spiracula cutis occludente et acrem intra corpus colluviem congerente; nam præcedit hunc morbum semper, ac comitatur crassa admodum humidaque atmosphetæ temperies." I must take liberty, however, to remark here, but truly with the most respectful deference to the opinions of so great a man, that if this state of the atmosphere alone were sufficient to produce epidemics of this description and extent, that these would necessarily have occurred much oftener than we have hitherto met with them; that from our present knowledge of the effects of atmospheric air on the human body, we are obliged to conclude, that no possible combinations of it, depending on dryness, moisture, heat and cold, as these happen in this part of Europe, or, indeed, in any part of the world, would probably occasion such consequences as we have lately seen result

from

from it on the human constitution. If it follows, that a long continuance of that state of the air just mentioned, shuts up the pores, &c. the effects we might expect from these, would be a morbid plethora, gradually formed, and attended with corresponding relaxation and debility; but these do not constitute influenza, something more indisputably is necessary; more consistently with the present state of science will the materies morbi be sought for, on this and similar occasions, in some decomposition of the other constituents of the air, or be referred to some extraneous effluvia casually floating in it. Have any symptoms, at all corresponding with those of the late epidemic, ever been observed in any person under experiments, or cure, at the Pneumatic Institution?

If it were possible to find persons with hardihood and patriotism enough for the purpose, it is possible, and perhaps not improbable, that the latent principle of the late impression on the human system, would sooner be detected by a long suite of diversified experiments in this institution, under the direction and observation of its celebrated founder, or some ingenious philosophical Davy, than by any other means or inquiries that can be set on foot.

Has this deleterious principle to human health arisen from any particular exhalations of the earth, extensive lakes, forests, or morasses. We know that marsh effluvia constantly produce here epidemics, and that they are not contagious. Mildews, and blights of vegetables, fruits, and even trees, are often, I believe, very correctly referred to animalcules; by these, the entire organization of leaves is very soon completely destroyed, and many a healthy tree have I seen suddenly sicken, linger, and die; this is no infrequent occurrence. The atmosphere, it may be, and I believe is, full of animalcules. Imagination cannot conceive the infinite minuteness of these animated atoms. There is no putrefaction where these are not most abundantly present. A drop of stagnant water is a drop of animals. Nothing forwards, perhaps, the putrescency of animal substances so rapidly as the blow or germ of insects and animalculæ; indeed, they would seem almost to be at once the principle and pabulum of putrefaction. Have then adventitious myriads of those, or any state of our own, had any remote share in producing the late sedative impression on human life? The latest, and most philosophical writers, assure us of a very beautiful depurating process of the atmosphere, depending on, and even con-

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stituting one of the most important economies of the vegetable kingdom.

If this be true to the extent it has been asserted, must not any temporary diminution of it, to any considerable extent, from blasted forests, large tracts of vegetation, or other natural causes unknown to us, be followed with a corresponding insalubrity of the air, productive of disease to animal life? Has that deterioration of the atmosphere producing epidemics, like the late influenza, (if they are produced by any state of it) arisen from a plus or minus state of it? Have the cause or causes of influenza, be they what they may, been determined successively from east to west, by any influences of the sun or moon? or to what other physical causes can this rout of them be attributed?*

Has the influenza appeared in the North Sea? If so, at what distance from land, and when? Has it been met with in the Atlantic; when and where?

It has not been disputed, I believe, nor is it probable it will be, that the late epidemic followed immediately, or very shortly after the application of its cause or causes; neither will it be denied, I think, that the application of this was always on the mucous membrane, lining the passages to the lungs, and on their various connections in the nostrils, frontal sinuses, &c.† This idea, the primary and great affections of the chest and head, the cough, gravedo, sneezing, vertigo, and catarrh, tend very much to strengthen.‡

Now, nothing can be more in opposition than some of these remarks are, to many circumstances undeniably established relative to the introduction and effects of most contagious principles on the human body. Typhus fever, as we usually meet with it here, is not formed in less than eight or ten days, in persons exposed to its influence.

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* Some of these queries and observations, when I had written them, appeared to me, as they undoubtedly are, exceedingly excentric, and I was therefore about to throw them by—but on reconsidering them, it struck me that they might possibly glance remotely at a something, which might bear more immediately on the subject; as, then, they occupy but a very little paper, and a small portion of time, I felt inclined rather to submit to the imputation of *a little wandering*, than suppress them. Bold inquiry and novel conjecture, will be necessary to ascertain the subtle cause of influenza.

† And it may be possible through the inhalents of the skin.

‡ Can the soreness and pain of the limbs be referred to the causes of influenza impinging on the skin?

The

The contagion of the small-pox does not produce its effects in so short a time as this; not sooner, indeed, than in fourteen or twenty days.*

The measles, I believe, are determined by the same laws, and very probably most other contagious principles. Even the syphilitic principle* of contagion, applied through the absolute medium of immediate contact, under circumstances of all others the most favourable to its sudden absorption, is many days before it establishes itself even locally, very often does not at all; and sometimes months and years elapse before it gains complete possession of the system. These observations might be much extended.—Dr. Fordyce says, "That when matter does not produce fever immediately, it does not enter the blood vessels, but lodges in some part of the body for some time, and as soon as it enters the blood vessels, and touches the heart, the fever immediately comes on." I quote Dr. Fordyce, because, I believe, that fevers arising from *contagion per se,* do never take place until the principle of them has reached the blood vessels. The principle of contagion (for all contagions may be only modifications of the same principle) is very possibly so wholly extraneous, and so extremely destructive of human life, that were this principle immediately to enter the system as soon as exposed to it, life might always be irresistably extinguished very suddenly, or at the most in a few hours. If this conjecture comes near the truth, Nature it would seem, has kindly provided that the constitution shall not be suddenly surprized, and has therefore given it time to meet the impending enemy with all its resources of self preservation.

We hear, indeed, of persons attacked by contagious fever, and destroyed by it in twenty-four hours, but we never see this happening in this country, at least in this part of it. As such effects of contagious fever, then, are so contrary to any experience we have of it, (for we must reason from what we know) it will not be very difficult to believe, that these instances of sudden mortality can happen only from contagion (if it ever happens from contagion), in its most concentrated state, suddenly introduced in union with, and through the medium of, an atmosphere most highly vitiated and destructive of the principle of life.

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* It is a very remarkable fact, that the variolous principle applied externally to the skin, establishes itself earlier in the system than when received casually into it.

life. But after all, it is even a dispute with the latest and best writers, whether these terrible diseases are contagious or not. But with respect to the air, we know that this can be so vitiated by a variety of natural and artificial means, that a single inspiration of it immediately extinguishes human life; and we can admit, therefore, very readily, that it can be more or less changed from its healthy standard, so as to produce every possible gradation of effect on the human body, from the slightest indisposition to the most sedative impression and death.

Mr. Young, of Plymouth, a gentleman of the greatest respectability in this neighbourhood, and of much learning and great talent for observation, in a conversation on the subject of influenza, expressed to me, in the strongest terms, his entire disbelief that epidemics of this description are in any degree contagious. To the opinions of this gentleman who, from a very long and very extensive practice from which nothing ever diverted his attention, has had opportutinies of noticing several recurrences of influenza, which he assures me he has minutely observed, I pay the greatest deference.

After I had written the preceding observations, of which Mr. Young has been pleased to speak in terms of approbation, he very kindly pointed out to me the following important quotations from an old author, Petrus Salius Diversus, than which nothing can more conclusively apply to some of the foregoing remarks, and, indeed, to the subject of influenza altogether. These extracts are long, and they might have been with great effect much extended; it is impossible to abridge them.

Speaking of an epidemic that happened in the year 1580, similar in all its character and consequences to these we have seen lately, and during the late century, and referring its cause to some exhalations and state of the atmosphere, Salius observes, in a work printed at Frankfort, 1586, "Cum enim aer levem tantùm corruptionem passus est, tunc epidimios vulgaresque solium, non pestilentes edere consuevit, sicuti anno proxime elapso millesimo quingentesimo octuagesimo factum est, in quo ex corruptione äeris, levi tamen per universam Europam et ad exteras usque nationes vagarunt morbi illi, qui à vulgaribus diverso nomine appellati, unicam tamen formam tantum in omnibus regionibus habuere. Hi accedebant cum febre in aliquibus validá, in aliquibus levi, cum capitis gravedine; superveniebat distillatio admodum molesta, quæ in thoracem decumbebat; hinc oriebatur tussis vehemens ex

quâ

quâ in principio excreabant patientes tenuia et cruda: Sitis ut plurimum pauca vel nulla erat, in appetentia magna, et gustatus ferè abolitio, *notabilis que lassitudo et corporis imbecillitas quiescente febre* subsequatur; febris ut plurimum in quarta et ante quartam terminabat sed tussis in multis per plures et plures dies superdurabat et vix tandem hi concocta expuebant—hi morbi ut plurimum erant solubres,* in sanitatem que omnes terminabant, præter eos qui valetudinarios, vel debiles, vel senes vel qui angusto essent thorace et distillationibus obnoxii, vel infirmos vel eos, qui pravo utebantur victu quique ægritudine ipsâ ausi sunt indiscriminatim et sine ratione vivere." Again, he says further on, " Quoniam autem non prava nec ingens sed levis fuit hæc corruptio aëris, ideo tantum epidimios non pestilentes protulit morbos." The course of this epidemic was, however, from west to east; he says, " Hæc epidemia à partibus occidentalibus ultimâ hyeme incipiens, et motum habens versus orientem continueque à regione in regionem propinquam transmigrans, nec ineunte vere, nec eo procedente nec etiam adventante æstate imo nec sub cane nec etiâm, subsequente autumno unquam à *proprio motu* cessavit — quinimo et tempori frigidiori et calidiori et flante tàm austro, quam Boreâ et pluvioso et sereno cælo peragravit hasce omnes Europæ regiones et omnia loca indiscriminàtim." He adds of this epidemic;—" Quam eandem pravam et perniciosam aëris qualitatem, ultra homines sensere etiam cætera viventia: hinc aves illæ exteras terras statis temporibus adire solent, hâc aëris pravitate incitatæ, has nostras fugientes ad alias regiones ante tempus avolarant, et quæ super arbores nidificant et dormiunt, super ipsam terram et in locis infimis, altiora caventes, nocte degebant. Bruta autem animantia quæ ex herbarum et arborum germinibus ac foliis victitant eadem aversabantur, quoniam hæc sub dio posita ab aëre *circumstanti* aliqualitur infecta erant, quæ omnia pravitatis et corruptionis aëris (quæ tamen fuit levis) indubitata erant indicia et argumenta."

Salius's definition of contagion is, " Nam contagium nihil aliud est, quam aliquorum vel saltèm duorum contactus, quorum unius in alterum, istius contactûs ratione, similis gignatur morbus." I am very desirous to mention, and I have the doctor's permission to do so, that Dr. Magennis, physician

* Solubres is probably an error of the press for salubres or sanabiles.

physician of the Royal Naval Hospital at this place, a gentleman whose manners are as amiable as he is eminent in his profession, entertains the same opinions with respect to the non-contagious character of the late influenza, as those I have advanced. Mr. Sargeant, to whom I have submitted this paper, assures me, that he thinks with me on the question of contagion as applying to the late and former influenzas. Mr. Sargent is the oldest, and I shall not offend any one if I say he is the most respectable surgeon in this town. He is, I believe, the friend and father of us all.

I am just favoured with the following answer to an inquiry how the influenza appeared in the large well known school of the Rev. Mr. Bidlake, a gentleman of considerable reputation in the literary world. "This school consisted at that time of nearly thirty boarders besides day scholars. An usher assists Mr. Bidlake. This gentleman was taken ill of the influenza, and suffered a good deal from it; however, he continued to attend as before in the school, and although constantly with the pupils, particularly the boarders, no disorder was communicated, and the young gentlemen were free from any symptoms of it. Mr. Bidlake was slightly indisposed, and also a female servant. When the usher became a little better, he went with one of the boarders to a cottage Mr. B. has in the country, and although they slept in the same room, and the influenza had not left the former, yet the other remained well."

The following remarks on the sweating sickness come rather out of place, but they did not occur to me before. Of what genus in nosology was the sudor anglicanus? This non-descript appeared for the first time in September, 1485, and although it raged little more than a month, destroyed many thousands. This epidemic broke out again in 1517, and it was said of it then that it carried off the patient in three days; again, for the third and last time, this fatal disorder spread rapidly through the kingdom in 1551.

This epidemic was big with death, and this character and effect of it seem at first strongly to favour the idea that it was an infectious disease; but if we advert to the little facilities of intercourse that then necessarily subsisted throughout the kingdom, and at the same time the extreme rapidity with which it spread through it, this opinion of it is but very feebly supported. The acute Hume, speaking of this dreadful disease, observes, "There raged at that time in London, and other places, a species of malady unknown to any other age or nation, the sweating sickness, which

which occasioned the sudden death of great multitudes; though it seemed not to be propagated by any contagious infection, but arose from the general disposition of the air and of the human body. In less than twenty-four hours, the patient commonly died or recovered; but when this pestilence had exerted its fury for a few weeks, it was observed, either from alterations in the air, or from a more proper regimen which had been discovered, to be considerably abated." Have we any medical history of this epidemic? What historian has given us the best account of it?

It would seem perhaps that I am anxious to establish the fact, that influenza is not contagious. No, the very reverse of this is the case; my fears are, that contagion is not the principle of it; for over any highly vitiated state of the atmosphere, or even slight deviations of it from its healthy standard, whether arising from particular decompositions of its constituent principles, or from exhalation, or any physical causes of which probably we are wholly ignorant, we have not, nor can we ever have, any extensive controul; but with respect to the principle of those contagions which act on the human body, my friend, Dr. Jenner, has possibly opened a door which may ultimately lead on to the extinction of contagion altogether: Considered in this point of view, the present discussion becomes important, and ceases immediately to be, what I have heard it termed, merely an abstract and speculative investigation, from which nothing useful to society can possibly result.

Such are the observations which the perusal of your queries have suggested. Unacquainted with the intentions and plan of publication which the Medical Society are about to adopt on the present occasion, I have sent them with all the expedition my avocations would possibly admit of; they will necessarily, carry in some part of them, the marks of haste. I have gone into many of the questions at considerable length, and have given my opinions, and ventured some conjectures, in the most unreserved manner. Although I hold it a duty to be always at my post, ready to throw with cheerfulness my mite into the public treasury when called on, or whenever I judge that I can be useful, I should not certainly have obtruded my opinions on the present occasion, if I had not been favoured with your printed address. The many inaccuracies of this paper, therefore, which have arisen from haste, and other obvious causes, will, I have no doubt, be received with allowance by the candid. From the idle, the ill-natured,

natured, and the captious, I shall never expect even the semblance of courtesy. If, what I apprehend will be the case, the paper is extended to an inconvenient length and from this, or any other circumstance, does not coincide with the intentions of the Society, I have to request that you will return it to me as soon as is convenient, or to Dr. Jenner.

I have subjoined a state of the weather, &c. for February and March last, which was given to me by a very accurate and ingenious man, whose instruments I know are very good; but when we recollect the wonderful powers of the human machine in accommodating itself with impunity to an increase of heat, &c. vastly greater than ever happens in nature, or rather the power of preserving nearly its original temperature under these circumstances, we may undertake, without much presumption, to assert that no variations of the atmosphere, cognizable in this country at least by any instruments we have hitherto employed, can ever be satisfactorily adduced to account for influenza. Other instruments, and other tests, are unquestionably required, to detect and analyse the latent principle. What share had the nervous system in the late affection of influenza?

STATE OF THE WEATHER.

Feb. 1	8½	39,45	N.	Fair with clouds	42
	Noon				
	10½	30,35	N.		48
2	8½	30,20	N.	Cloudy with few showers	46
	Noon				
	10½	29,89	NW.		50
3	8½	29,80	N.	Fair with clouds	46
	Noon				
	10½	30,04	N.		54
4	8½	30,21	NE.	Fair all day	44
	Noon				
	10½	30,34	E.		48
5	8½	30,05	NE.	Fair all day	43
	Noon				
	10½	29,98	NE.		50
6	8½	29,71	NW.	Morning cloudy with showers, evening fair	43
	Noon				
	10½	29,68	N.		46
7	8½	29,67	N.	Fair all day	42
	Noon				
	10½	29,93	N.		47

Feb. 8	8½	30,07	N.	Cloudy most of the day	41
	Noon				
	10½	30,26	N.		45
9	8½	30,32	N.	Cloudy most of the day	39
	Noon				
	10½	30,47	N.		53
10	8½	30,45	N.	Fair with clouds	41
	Noon				
	10½	30,56	E.		50
11	8½	30,55	E.	Fair all day	40
	Noon				
	10½	30,55	SE.		49
12	8½	30,47	E.	Cloudy all day with little rain	43
	Noon				
	10½	30,33	W.		54
13	8	30,06	W.	Morning hard rain, after-part fair with clouds	50
	Noon				
	10½	29,98	N.		49
14	8½	29,98	NW.	Cloudy most of the day	46
	Noon				
	10½	29,90	NW.		52
15	8	29,68	NW.	Cloudy with showers, wind fresh	49
	Noon				
	10½	29,56	NW.		53
16	8½	29,66	NW.	Fair with clouds and showers, wind fresh	49
	Noon				
	10½	29,86	NW.		53
17	8½	29,74	W.	Rain most of the day, wind fresh	50
	Noon				
	10½	29,63	W.		53
18	8½	29,67	W.	Cloudy with showers	50
	Noon				
	10½	29,83	NW.		50
19	8½	29,70	S.	Cloudy with showers	48
	Noon				
	10½	29,44	S.		51
20	8½	29,43	N.	Morning rain, after-part cloudy, wind fresh	49
	Noon				
	10½	29,62	N.		47
21	8½	29,80	N.	Fair with few clouds	46
	Noon				
	10½	30,03	N.		54
22	8½	30,15	N.	Fair with clouds	45
	Noon				
	10½	30,19	S.		51

Feb. 23	8½ Noon 10½	30,14 30,07	SW. SW.	Cloudy with showers	50 53
24	8½ Noon 10½	29,94 30,10	SW. N.	Rain all day, evening fair	52 50
25	8½ Noon 10½	30,19 30,21	N. W.	Cloudy with showers	46 53
26	8½ Noon 10½	30,25 30,23	W. W.	Cloudy all day, with few showers	51 55
27	8½ Noon 10½	30,16 30,41	W. NW.	Morning rain, after-part fair with clouds	53 54
28	8½ Noon 10½	30,40 30,33	W. NW.	Cloudy with small rain most of the day	50 56
Mar. 1	8½ Noon 10½	30,28 30,20	W. NW.	Cloudy with small rain most of the day	53 57
2	8½ Noon 10½	30,10 29,55	NW. NW.	Cloudy most of the day, evening hard wind and rain	53 55
3	8½ Noon 10½	29,65 29,87	N. N.	Cloudy with showers of snow	48 50
4	8½ Noon 10½	30,03 30,09	N. N.	Fair with clouds, and few showers of small snow. Fire in the room	44 49
5	8½ Noon 10½	29,99 29,99	NE. S.	Cloudy most of the day with few showers	42 53
6	8½ Noon 10½	30,09 30,23	E. N.	Morning rain, after-part cloudy with showers	46 46
7	8½ Noon 10½	30,20 30,22	N. NE.	Cloudy with few showers	45 50
8	8 Noon 10½	30,14 30,15	NE. E.	Cloudy most of the day	48 48
9	8½ Noon 10½	30,07 30,00	NE. E.	Cloudy all day	42 50

Mar. 10	8½ Noon 10½	30,10 30,23	E. E.	Cloudy all day	43 53
11	8½ Noon 10½	30,33 30,51	N. N.	Fair with clouds	43 54
12	8½ Noon 10½	30,54 30,56	N. N.	Fair with clouds	39 45
13	8½ Noon 10½	30,50 30,41	N. N.	Fair with clouds	39 45
14	8½ Noon 10½	30,32 30,18	WN. WN.	Fair with clouds	46 53
15	8½ Noon 10½	29,87 29,89	NW. N.	Rain most of the day. No fire in the room	51 51
16	8½ Noon 10½	29,99 29,95	N. W.	Fair with clouds	47 51
17	8½ Noon 10½	29,89 30,06	NW. W.	Cloudy all day	50 53
18	8½ Noon 10½	30,13 30,21	SW. SW.	Cloudy all day	52 54
19	8½ Noon 10½	30,20 30,15	S. S.	Very cloudy all day with little rain	52 55
20	8½ Noon 10½	30,19 30,24	W. SE.	Rain most of the day	52 54
21	8½ Noon 10½	30,21 30,12	SE. SE.	Fair with clouds	53 58
22	8½ Noon 10½	30,05 30,06	E. E.	Fair all day	58 59
23	8½ Noon 10½	30,14 30,28	SE. S.	Cloudy most of the day	54 57
24	8½ Noon 10½	30,21 30,10	E. E.	Cloudy all day	54 57

Mar. 25	$8\frac{1}{2}$	30,07	E.	Fair with clouds	53
	Noon				
	$10\frac{1}{2}$	30,02	E.		58
26	$8\frac{1}{2}$	30,13	E.	Fair with clouds	53
	Noon				
	$10\frac{1}{2}$	30,28	E.		59
27	$8\frac{1}{2}$	30,28	N.	Fair all day	57
	Noon				
	$10\frac{1}{2}$	30,24	W.		60
28	$8\frac{1}{2}$	30,18	N.	Fair with clouds	55
	Noon				
	$10\frac{1}{2}$	30,18	N.		60
29	$8\frac{1}{2}$	30,08	N.	Fair with clouds	53
	Noon				
	$10\frac{1}{2}$	30,11	N.		56
30	$8\frac{1}{2}$		NW.	Fair with clouds	
	Noon				
	$10\frac{1}{2}$	30,20	W.		55
31	$8\frac{1}{2}$	30,27	NW.	Cloudy most of the day	54
	Noon				
	$10\frac{1}{2}$	30,20	W.		56

To Dr. BATTY.

SIR,

MY practice in the obstetric art being deduced from the principles inculcated in your lectures on that science, I conceive it incumbent on me to transmit you the enclosed observations on a disease intimately connected with it, and in which medical practitioners in general are concerned. If the subject is favoured with insertion in your valuable Journal, from its extensive circulation I am induced to think it will afford some gratification to a class of society whose exertions are influenced equally by the dictates of humanity as by pecuniary remuneration.

The almost invariable fatality of that alarming disease Hydrocephalus Internus, has so impressed the public mind with its attendant danger, that to determine the existence of the disease, is, in a word, to presage a short career to its possessor. Indeed, I am fearful there are some practitioners so firmly persuaded of the inefficacy of their exertions, that they resign calmly the case to Nature, who, though

though in some cases capable of correcting slight morbid actions, cannot be expected to correct so great a deviation from her natural course, and more particularly as this deviation is dependent on two such important causes, increased arterial excitement, or deficient action of the absorbents. Ideas thus prejudiced, the efficacy of our art thus infringed upon, our most elaborate consideration is demanded to disperse this unmerited disgrace.

That we possess the means wherewith to accomplish this grand object will be substantiated by the case in consideration; and it is communicated with the grateful satisfaction of having restored to health, one who would otherwise have fallen a victim to this disease.

That there is a *period*, however, when these means may be had recourse to, and although vigorously pursued, yet not the desired success attend it, I think is very obvious, and the grounds of our failure may with propriety be rested on this cause. If the fluid secreted, is in that quantity which shall render an extensive introduction of mercury into the system necessary, the powers of animal life being greatly impaired, the introduction of so powerful an antidote cannot but tend to increase that debility, and in so great a degree as to hasten the termination of life before the absorption of the fluid has been affected: it is therefore highly necessary to arrest this disease in its early stage, the advantages of which are so very obvious. It would be fortunate if the exciting cause of every disease was as clearly established, the knowledge of its cause regulating our exhibition of medicines; but, if we are so determined on the nature of the disease; if the same remedies applied in two cases, equally decisive, are not attended with similar effects, to what are we to attribute this failure? Why does not the result prove equally favourable in every instance? The treatment is far from novel, it is admitted by all practitioners. These circumstances considered, this conclusion may, I think, be inferred: First, that it is a disease the *consequence* of increased arterial excitement or diminished absorption. Secondly, that our success or failure is certainly dependent on the means employed for that purpose, but particularly, on the *period* when those means are had recourse to. The first conclusion is substantiated, by the success of those means most powerfully diminishing the *volume* as well as the frequency of the blood's circulation, and those stimulants, exciting the absorption of the fluid detained by morbid action: the second, by the different

success attending the application of the same remedies in cases equally decided.

With respect to the remedies employed, they will be introduced in the relation of the case; they were those generally advised. But with regard to the *period when* they are applicable, as in cases of dangerous uterine hæmorrhages, we can fix no exact limitation; as the life or death of our patient is in our hands, we must act decidedly but cautiously.

If circumstances equally favourable appear, as in this instance, on the fourth day, sufficient remission of the symptoms will have ensued as to raise our expectations, and allow a remission of our applications: This relaxation favours the restitution of the natural healthy actions; and if nutriment of a light nature is exhibited in small quantities, will enable us to exhibit the stronger tonics, as bark and vol. alkali, with advantage.

CASE.—W. Coggan, No. 23, Chandler Street, Grosvenor Square, aged 19 months, having become very emaciated, and otherwise unwell, I was requested to see him. The account I received was as follows: This child, about two months previous, had recovered from an illness which lasted seven weeks, during which time the second molaris of each side of the under jaw had protruded: No alarming symptoms appeared any farther than general emaciation: His spirits and sensibility were unimpaired. On the 4th of June, the mother informed me some *different symptoms*, from what she had before observed appeared; and in the evening a violent convulsive fit occupied him for a quarter of an hour; the child became after this gradually worse, emaciated in a great degree, and his appetite totally forsook him. It was more, however, in consequence of the *different appearances* and *deadly look* of the child, than from its sufferings, that she now applied for assistance. On the 16th of June, I found him with a quick febrile pulse, inattentive to any object approaching him, but apparently at ease when allowed to remain undisturbed: His bowels being constipated, I directed calomel gr. iij. statim exhibend. On the 18th, I found the purge had operated briskly. The sensibility however was by no means relieved; on the contrary, had in a great degree increased, being now insensible even to the most luminous object; violent screams being uttered every now and then, and even strabismus was sensible to the bye-standers, the pupil having lost all excitability to contraction.

traction. On examining the mouth, I could perceive no mark or appearance of teeth protruding through, and the circumstance of having so lately cut two of the molares, induced me to think I could afford no relief mechanically. That some mischief was arising in the brain, these symptoms sufficiently indicated; I therefore was determined to lose no t me; at four P. M. I applied hirudines vj. temporibus; empl. cantharid. capiti denudato, tinct. digit. et scilla, partes æqualis, gt. vj. om. 4to. hora in quovis vehiculo, and directed unq. hyd. c. camphor. ℈j nocte utend. These were repeated the ensuing day; the irritation of the head kept up by the ung. sabinæ. On the eve of the fourth day, the effects of the hyd. were evident in the system, and the symptoms were materially alleviated: he became very restless and uneasy in any position, appeared to be under much pain with the irritation which the mercurial friction produced: the degree of insensibility almost totally disappeared, and he became irritated on the approach of any of his former playmates, even as they entered the room. The iris, though not so dilated, was not endued with much power of contraction. These favourable appearances induced me to refrain from the farther exhibition of hydrag. the leeches however were employed twice more, when the ung. sabinæ alone was continued.

On the third day of our cessation of medicine, the stomach began to resume its accustomed functions (which the introduction of mercury, by friction, admitted to be regained with greater freedom), and he became weary of bed. Tonics combined with small doses of vol. alkali, were now exhibited with daily good effects. The child has now recovered its perfect health, and within these three days cut two cuspidati of the under jaw.

In the last number of your publication, Mr. Ricards relates some appearances which took place during the convalescent state of two patients who had laboured under this disease. In the present case, as the stomach began to resume its functions, a contraction of the upper and lower extremities took place, which increased to a great degree, and induced more distress than the child had suffered during the whole disease, being solicitous for food but not capable of assisting itself. As the general health however became established, this appearance gradually disappeared. The natural disposition which all muscular fibres possess, is their tone. The flexors from their insertion, may in this instance have overcome the tone of the exteriors, and in their

their action kept the extremities in a contracted state. As the excitability of the muscular fibres became more universally increased, the two sets of muscles had their actions performed with their accustomed unison.

I am, &c.

July 13, 1803. JOHN JULLION.

CANDID REMARKS ON MR. JOHN BELL'S PRINCIPLES OF SURGERY: BY AN OLD MEMBER OF THE LONDON COLLEGE OF SURGEONS.

1. *On the compression of large blood vessels in surgical operations.*

AN opportunity has recently occurred to me of perusing several pages of a splendid and expensive work,* entitled, "PRINCIPLES OF SURGERY," the first volume of which is "PRESENTED BY THE AUTHOR TO THE SURGEONS OF LONDON." So magnificent and valuable a present must be received by them as an indubitable proof of the author's discernment and esteem; it will not only be considered as a fresh mark of his anxiety for the public welfare, but as an evidence of his affectionate concern for the reputation and professional skill of the LONDON SURGEONS. This being the *third systematic work*† of the kind, which has lately arrived from the metropolis of North Britain, practitioners in London will, doubtless, be ever ready to acknowledge their obligations to the surgeons of Edinburgh, for thus zealously stepping forward in aid of their improvement.

I am myself a genuine disciple of the London school; and indeed, it has never been my good fortune to visit the famous universities of Scotland, although if I were to judge by their voluminous productions, the northern surgeons have a much greater facility of teaching and writing than my tutors in the south. Some of the lessons which I have learnt from the HUNTERS, the BROMFEILDS, the POTTS, the CLINES, and the BLIZARDS of London, are so entirely different from

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* The first volume, *i. e.* all that has yet been published, is sold for no more than FOUR GUINEAS, in boards!

† The two former Systems of Surgery were by Mr. BENJAMIN BELL, and Mr. LATTA, of EDINBURGH.

from those of our Scottish masters, that I feel it a difficult task to decide who is in the right; but, being a little prejudiced in favour of my own school, I almost am jealous, lest any of the London students should be misled by the high authority of the BELLS.

The prejudice in favour of my old tutors has not so far prevailed, as to close my eyes against improvements arising from any other quarter; it does, however, so far predominate, that I cannot patiently bear to see respectable surgeons of London treated as men without common sense, or chirurgical knowledge! This abusive and acrimonious spirit is much more conspicuous in the writings of Mr. JOHN BELL, than in those of his temperate namesakes, whom he therefore stigmatises as dull "phlegmatic" beings.* But it forms no part of my present plan to notice the illiberal reflections and personalities of Mr. JOHN BELL, nor to point out *the minor inaccuracies* which appear in his writings; "SUCH ERRORS, HOWEVER DANGEROUS TO THE AUTHOR'S REPUTATION, WILL NOT MISLEAD THE YOUNG SURGEON, FOR WHOSE USE THIS SYSTEM IS DESIGNED."†

A few weeks ago, on observing a quotation in the Medical and Physical Journal, for June 1803, p. 501, I was directed to that part of Mr. BELL's volume which describes one of the modes of restraining hæmorrhages; Mr. BORRETT has therein cited the opinion of Mr. Bell, with all that deference which is due to his celebrated name, and seems modestly afraid lest the successful event of his own practice should encourage other surgeons to follow his example in similar cases. Mr. Borrett, it appears, was educated in one of the London schools; he adopted the principles of Mr. CLINE and ASTLEY COOPER, which, in my humble opinion, under such circumstances, were highly commendable, and deserving of imitation. The case brought forward by this young surgeon is of the utmost importance and utility, as it tends to establish a practice which Mr. JOHN BELL has endeavoured to discourage. Mr. Borrett has "had the most satisfactory demonstration, that the artery (of the thigh) may be effectually compressed at the groin." Mr. CLINE, Mr. LUCAS, and Mr. COOPER, had also received satisfactory proofs of the same fact; all which proofs are detailed in the Medical

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* Vide Dawplucker's Remarks on the first volume of Mr. Benjamin Bell's System of Surgery, p. 11, &c.

† See the author's Advertisement to Vol. I. of his Principles of Surgery.

dical and Physical Journal. Mr. Borrett, however, seems to have regarded this mode of restraining an hæmorrhage, in the lower extremity, as a *novel* experiment, which was first taught him in the year 1795, by Mr. A. COOPER; he was therefore very properly searching for further evidence in confirmation of that practice, not knowing that it is extremely common on the Continent, and has been often had recourse to in the London hospitals.

The opinion which Mr. BELL has advanced respecting the compression of the crural and brachial arteries at their origin, are likely to paralyse the efforts of young practitioners, at a moment when the greatest boldness and promptitude of action are required. This question, therefore, becomes a matter of general concern, and merits the fullest investigation. But, to prevent misconception and unfairness, it will first be proper to quote Mr. Bell's own words on this subject.

"ON THE DIFFICULTY OF COMPRESSING THE GREAT ARTERIES AT THE AXILLA OR GROIN," p. 414, &c.

"In performing our operations on the great arteries of the arm pit or groin, we must trust nothing to assistants, nothing to compression of the artery; we must do our operation with peculiar boldness and skill, otherwise we shall hardly save our patient, for in a single moment he is either safe or dead.

"Camper was the first who imagined that the axillary artery might be compressed above the place where the tourniquet can be applied; he demonstrated the fact; he put the pipe of a syringe into the right subclavian artery; he threw water along the arteries, and allowed it to flow out, by opening the left axillary artery; he then applied his thumb upon that artery, *below* the clavicle, and found, that by a moderate pressure he could resist the stroke of the syringe, and prevent the water from flowing out. Mr. Blizzard was the next who spoke of this observation, as of importance, especially to the military surgeon. Perhaps, there could not be a more patriotic and sensible thing, than to give a lesson on the application and use of the tourniquet to the cadets of the artillery school; and in a discourse on this subject, we find Mr. Blizzard giving a slight sketch, by Cipriani, of the manner of applying the compress, and of fixing it by pressing with the thumb *above* the clavicle. The expectation excited by so natural a proposal, so well supported by anatomy and experiment, if not by experience, was very great. It was very natural to suppose

suppose that it must be equally easy to compress the femoral artery at the groin: at last it came to be universally believed, that the surgeon had no reason to be afraid; that if he failed to suppress any hæmorrhages, it must be for want of skill; that the fixing of the thumb over the clavicle, or groin, was as effectual as the application of the tourniquet itself. What good, or harm, may have been done by this invention it were presumption in me to say; but this much it is my duty to mention to you, that this method of compression is *insecure*; that it will be apt to fail you in your greatest need; that the living circulation, and the struggling of a man under the tortures of an operation, are very different from the experiment by Camper with an anatomical syringe on a dead body.

" I will also tell you what I have actually seen. In an aneurism of the axilla, the surgeon trusting to the compression which his assistant made above the clavicle, opened the tumor, was deluged with blood, and saved the patient only by striking a great needle under the artery! he saved his patient for the moment, but could not save his life; he died of hæmorrhagy in a few days.

" A friend of mine appointed myself and another surgeon to compress the artery of the groin, while he performed the operation for femoral aneurism. Our cushion was well made; our pressure upon the artery, in making the experiment before hand, stopped at once the pulse in the foot, and the throbbing of the aneurism; we pressed much more firmly during the operation; I fixed the compress with all my force; the other gentleman lay over me, and supported my thumbs with his. We had every reason to believe that we had a perfect command of the artery; yet at the very first stroke of the knife, the surgeon having cut into the aneurism, was covered with blood, and saved his patient with difficulty.

" Mr. Allanson was called to a man who had been blown out at the port-hole of a ship by his gun going off while he was ramming home the charge, and found the arm so shattered, that he was forced to amputate at the shoulder joint. In performing this operation he found that the compression of the subclavian artery, even in a man who was lying quite stupid from the violence of the explosion, had not the slightest effect upon the artery; for having begun his incision on the part the most distant from the axilla, on the outside of the arm, he found the smallest branches bleeding profusely, and his expression is remarkable:— '*after which an arterial branch discharged so freely that*

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we were convinced the pressure on the subclavian artery was not effectually though judiciously made. (Allanson,' p. 185.)

"Conclusion.—I will repeat with confidence what I have formerly affirmed, *that it is one thing to suppress the pulse in the lower part of the limb, and another thing to stop the pulse in the great artery.*—I have tried in great operations, near the trunk of the body, to stop the blood by pressure; but though I could suppress the pulse of the femoral artery with my fore finger, I could not command its blood with the whole strength of my body.*

"I beseech you then, do not deceive yourselves with any such expectation; do not believe that the effect of this pressure is such as to allow you to perform a quiet, deliberate operation; look upon this operation as one where you have to deal with an open artery, and lay your account with being covered with blood the moment you open the sac. Nor must you ever expect to clear the great cavity of blood, so as to enable you to see the bleeding artery; it will, on the contrary,

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*"The fact which I have here affirmed, is of too much importance for me not to maintain it with more than common earnestness. I affirm then, that—though the throbbing of an aneurism, or the pulse in the lower part of a limb be quite suppressed, yet the circulation is not stopped, and I entreat the young surgeon never to trust to any such mark of the compression being effectual. This I have formerly affirmed in my Anatomy of the Arteries, and will continue to affirm (as Luther said) though as many devils as there are tiles in Bath were combined against me. It is because I have affirmed this, and because I have ventured to doubt, that compressing the carotid Arteries will cause sleep, cure convulsions, and restore maniacs! that Dr. Parry, of Bath, has run out upon me the whole length of his chain; he has abused me in a magazine, and, if I am rightly informed, has written lately a book on Angina Pectoris, where I am not spared: I have had retention enough not to answer Dr. Parry in his magazine; yet he is not to suppose that I will let myself be worried peaceably.

"Dr. Parry asks, Whether the ceasing of the pulse in the lower part of the limb be not a certain mark of the circulation being suppressed? And, whether there be any other mark by which the Surgeon can know when his tourniquet is effectually applied? I am confounded at such questions coming from a gentleman of Dr. Parry's rank in his profession. The surgeon always screws the tourniquet till he suppresses the pulse in the lower part of the limb; but he never knows whether he has suppressed the circulation, whether the artery be effectually compressed till he has begun his operation, and then if the arteries of the limb bleed, he screws this tourniquet a little firmer. Once, while I was performing the operation for aneurism in the arm, although the tourniquet was so applied as to suppress both the pulse of the wrist and that of the aneurism, the instant the incision was made the blood flowed in full stream. My assistant screwed, and screwed again; he actually undid the tourniquet in the middle of my operation; took it away, and applied another, and then I finished my operation. This happened in a public hospital.

"AM I A DOG THAT YOU ARE COME OUT AGAINST ME TO BEAT ME WITH STAVES." *Bell's Principles, p. 416.*

trary, fill the cavity with blood faster than you can bale it out, till the patient breathes his last. Operate in such cases with that rapidity and decision which can alone ensure your patient's safety: there are occasions, in which the old seducing word *Caution* is full of danger."

At page 426, Mr. Bell, among his RULES OF PRACTICE, says, "When the tourniquet cannot be applied, trust nothing to the compression at the axilla, or groin; for though it is sometimes effectual, it often fails, and lives have been endangered by a surgeon's entering on such operations without being prepared for the worst. You find by making the experiment on your own arm, that you can stop the pulse; you think yourself able to secure the patient; but it is, I protest, a mere deception, for the circulation is not suppressed when the pulse ceases, or the pulsation of the tumor prevented."

In the 2d. volume of his Anatomy, 8vo. Edinburgh, 1797, p. 359, are these words, "The old story of compressing the axillary artery above the clavicle, is now of no credit with any surgeon of knowledge and good sense;" and at p, 257, Mr. Bell tells us, "After having employed all his strength in attempting to restrain the bleeding of the femoral artery, he has seen it, with horror, rush as freely as if he had not been there."

These then, are Mr. Bell's opinions, and facts. I shall now subjoin some observations and evidence, which induce me to believe there are men "*of knowledge and good sense,*" on the other side, whose sentiments deserve attention.

London, July 20, 1803.

[To be continued.]

To CHRISTOPHER DENNETT, Esq.

SIR,

I TRUST you will excuse my not answering your letter in this Journal for April, till I had time to pay that attention to it, which the importance of the subject demands. Accept my thanks for the flattering terms in which you speak of my endeavours to promote vaccination. It gives me sincere pleasure to find, that you, who have so often seen the inoculated Small-pox in its most favourable form, are become a strenuous advocate for the inoculation of the Cow-pock. No stronger argument of its decided superiority can be adduced.

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I had seen your letter in the Journal for September 1801; and have made some observations on it, which will appear in the second part of my treatise. The mode in which you preserve vaccine matter, is the same in which that was preserved, which was given to Mr. Cline by Dr. Jenner, in the year 1788; and which produced the first instance of vaccination in this metropolis. It is a mode, in which variolous matter had been preserved by Dr. Jenner, and other medical men.

Quills and ivory have been recommended, and employed, by different practitioners, in different forms. One gentleman, who has distinguished himself by his exertions in vaccination, uses the quill whole; and after charging the end of it well, inserts it into another; in the same manner as you direct. He also rubs it on the incision till the matter is dissolved.

Having been assured by Dr. De Carro, that his ivory lancets had proved very instrumental in propagating the practice, I endeavoured to get some made after the same pattern as one which he sent me. Being disappointed by the person to whom I applied, I had recourse to a quill, as one of the best substitutes; knowing that it had often been used for the purpose of preserving matter, but not recollecting that it had been mentioned by you.

In one circumstance, however, and that, in my opinion, not a trifling one, the quill sharpened like a toothpick differs from that recommended by you; which is, that it admits of our performing the operation by a mere puncture. When performed by an incision, or as you recommend, by three or four incisions, it must be allowed, the chance of exciting the disease is still greater; but it is so much more violent, when excited, that I prefer the method of inoculating by puncture.

The probability of success, from using the matter on a toothpick, is great; and by its being divided into so many parts, the chance is multiplied. Dr. Waterhouse successfully inoculated six persons with two toothpicks, when the matter was two months old. He did not entertain any apprehension of danger to the patient, or offence to the parent, from vaccinating one person after another with the same instrument; such as Mr. Galliard alludes to in the last number. If there be any parents who harbour that foolish prejudice, it is the duty of medical men rather to remove it, than to root it in their minds.

It is well known, that the blood is not infectious. Were it otherwise, there would be danger of communicating all the

the diseases of the person inoculated, to the person from whom matter is taken; when it is taken a second time, either with the intention of saturating the first puncture, or inoculating in the other arm, without washing the lancet every time. It is well known, that scarcely any inoculator is very scrupulous in this respect; but the oftener the lancet is washed the better, on another account; which is, that when it is less clogged with matter, it is less likely to produce a spurious pustule.

In a considerable number of instances, two or three persons have been inoculated with one lancet of dry matter, which I had sent to medical gentlemen, and others, in various parts of the kingdom; and surely this was not only excuseable, but commendable; since, in a great proportion of those cases, the small-pox was either in the same place, or in the neighbourhood.

It is in consequence of this necessity of exciting the guardian disease with all possible expedition; a necessity, alas! which too frequently occurs, and too frequently will occur, till medical practitioners are more provident, and more careful, either to maintain a succession of cow-pock patients, or to preserve a stock of vaccine matter, that I thought it necessary to mention, that more than one patient might be inoculated with one vaccinator.

At present, when the practice of vaccination prevails in almost every town, those who want cow-pock matter may, perhaps, be accommodated as they wish. It was far otherwise when there were few sources of supply; and still fewer in which the public could place much confidence.

In a former number of this Journal, an apprehension was expressed by Dr. Marcet, that the influence of some persons might occasion a discontinuance of the use of glass, as a preserver of vaccine virus. If his partiality in favour of that method were well founded, it would not readily be laid aside; but it is found so frequently to fail, that those gentlemen by whose influence it was established, now candidly confess, it has not answered their expectations.

This agrees with the general testimony of the most distinguished inoculators in other parts of the world; particularly, Dr. Waterhouse and Dr. De Carro. It is therefore, of some importance that it should be known; on account of the difficulty of collecting such quantities of matter, the injury done to the arms of those under vaccination by collecting it, and the disappointment which attends the want of success.

Your case of cow-pock, in a subject who appeared totally unsusceptible of the small-pox, is extremely interesting. Nevertheless it is not impossible, that at some future period a change in the constitution might have taken place. A parallel instance of this sort I have recorded: it was communicated to me by Dr. Bancroft, jun. His brother was inoculated for the small-pox eleven times; the last time by Dr. James Sims, in the Small-pox Hospital, in both arms, with recent variolous matter; but in vain. He afterwards caught the disease in the natural way, and had it severely.

A child of Mrs. Strachan, at No 48, Carnaby Street, died of the small-pox. Another child, who lay in the same bed, resisted infection. Since that time, I inoculated it with vaccine matter, which readily succeeded. These cases may have some effect in guarding medical practitioners against a hasty conclusion, that any one is insusceptible of variolous or vaccine infection.

New Street, Hanover Square,
July 18, 1803.

I am, &c.
JOHN RING.

To the Editors of the Medical and Phyfical Journal.

GENTLEMEN,

I Have enclosed the description of a Case, which, although it may suggest no improvement in practice, may, from its curiosity, merit a place in your useful publication.

Francis Otter, by a fall in 1796, bruised his side, and was supposed to break one or more of his ribs; but no particular inquiry was then made as to the nature of the accident, nor any medical assistance required. From this time he perceived a small tumour in the centre of the first false rib, which continued gradually to increase, without occasioning any extraordinary pain or inconvenience, until it attained the very uncommon dimensions described in the annexed drawing; by which it is seen to occupy the whole of the right hypochondric, right iliac, and epigastric regions; to extend upwards beneath the sternum, and downwards near to the umbilicus: the circumference at the base being two feet ten inches and a half; the broadest diameter, as shewn by the line A. B. one foot and one quarter of an inch; the narrowest diameter, according to the line C. D. eight

D. eight inches and three-quarters. The line E. is intended to mark the height of the tumour, above the parietes of the abdomen, from which it was gradually elevated to the extremity of that line. The external surface exhibited no remarkable appearance, being covered with enlarged veins, until a few days previous to the breaking of the tumour, when the more elevated portion became of a livid hue, and the part F. put on the appearance of incipient gangrene. On examination, it was very evident that the marginal parts of this tumour were formed of bone, and the centre likewise gave a sensation of resistance greater than cartilage, but less than bone. On the upper part it was easy to remark, the sternum forming that boundary of the tumour thrown upwards from its situation. I first saw this case in 1798, and from that time had marked its progress with considerable attention, being by no means satisfied with the opinion I had formed concerning it. I had never failed to advise the man to use no other means than such as were necessary to guard the surface from friction, and by no means to suffer the part to be opened either by the knife or by caustic, a plan which had been proposed by some empiric. The patient was the more inclined to attend to this instruction, as he suffered no other inconvenience, than such as arose from the size of the tumour; being able to pursue his daily labour, which was that of a labourer on the road, until about three months ago; to lie down in bed and sleep undisturbed; to eat heartily, and with appetite. Latterly, the size of the tumour has rendered him very unweildy, and this, together with his age, which is now 80, has prevented him continuing his occupation. I supposed the tumour to arise from aneurism of one of the intercostal arteries; and having explained the nature and danger of the disease, had charged the patient to inform me immediately on the rupture of it.

On the 5th of June, 1803, I was informed this event had taken place; and on visiting the patient, I found a small opening, nearly in the centre, marked by the letter F, from which a large quantity of a fluid, resembling pus, tinctured with blood, was poured out; it was glairy, and perfectly inodorous; the quantity discharged could not be less than a gallon in the twenty-four hours, that which was preserved filling two large sized chamber pots.

On the 6th, the discharge continued, pulse intermitting, extremities cold, complaining of a little pain on pressing the lower part of the abdomen.

7th, The discharge much abated; pulse firm and regular; has eaten with appetite.

8th, The discharge has ceased, leaving the tumour flaccid, with a gangrenous slough about to separate around the orifice; pulse firm and good.

9th, The discharge has recommenced; the pulse good, but pain in the lower part of the tumour very great; tongue dry.

10th, Has passed a quiet night, but is this morning very restless; pulse intermits every fourth pulsation; the tongue moist; the gangrenous disposition of the skin more extended; the discharge very profuse, and most uncommonly offensive.

11th, From the state of the patient yesterday, I concluded he could not long continue; and was much surprised to find this morning, that the discharge was much abated in quantity, and much less offensive; the pulse was good and regular, and nourishment had been taken in abundance, with appetite; the tumour was much contracted.

13th. The tumour continues to discharge, and to settle; pulse is firm and regular; the entrance of the abscess presents a projecting substance, which when drawn out proves to be a portion of the rib in a state between bone and cartilage; much more of the same substance was also removed, and a considerable quantity of offensive matter pressed out.

14th, The pulse was very regular and firm, the tongue moist, the tumour much diminished but bulging very considerably at the lower part. In order to evacuate the matter more readily, I made an opening at the lower part, marked G; some florid blood flowed out, but the wound was soon plugged up by the semi-osseous substance contained in the tumour. At first the patient complained of violent pain; the pulse was interrupted, and the whole frame appeared to suffer a considerable shock. In the evening, the lower orifice had discharged the same fetid matter mixed with semi-osseous substance, which had protruded from the upper orifice; pulse regular, appetite good. From this time to the present day, the patient has continued daily to amend; for some time, cartilaginous substance was discharged with very offensive matter; this has gradually diminished; and now the discharge is a laudable and good pus in moderate quantity; some exfoliations have already taken place, and more may be expected; the tumour is so much contracted, that there is not more space than two inches between the superior and inferior orifice. The internal

ternal surface of the abscess exhibits healthy granulations; every present appearance makes the recovery of the patient undoubted.

I cannot omit this opportunity of returning my public thanks to Mr. Hartley, to whom I am obliged for the very accurate sketch which accompanies this description, by which the situation and extent of this extraordinary disease is rendered much more evident than words alone could make them.

Having given as accurate an history of the progress of this disease, as my opportunity of acquiring information would admit, I shall defer to a future number, some observations on the nature of the disease; and its application to illustrate some of the laws of the animal œconomy.

Grantham, I am, &c.
July 3, 1803. BEAUMONT LEESON, jun.

DESCRIPTION OF THE PLATE.

A. B. The longest diameter of the tumour.
C. D. The shortest diameter.
E. A line intended to mark the elevation of the tumour above the abdomen.
F. The opening formed by mortification.
G. The artificial opening made by incision.

Mr. Chamberlaine, *on the* Amendments *of the* Medicine Act.

"Non sunt autem pejores laquei, quam laquei legum." Bacon. Resusc.

To Dr. BRADLEY.

Sir,

It is now exactly a twelvemonth ago, since I took the liberty of trespassing on the patience of the Readers of the Medical and Physical Journal, by troubling you with some Observations on the substance and tendency of a new act of parliament, known by the name of the Medicine Act, which, as it then stood, tended greatly to embarrass those gentlemen of the Medical profession who are practitioners in Pharmacy, and more particularly those who from their situation and circumstances, find their account in keeping shops for selling medicines *by retail.*

Very soon after the publication of my letter to you, in

 No.

No. 42, of the Medical and Physical Journal, I had the satisfaction to find, that the observations and cautions contained therein, not only answered the purpose of putting my brethren of the pharmaceutical profession on their guard against the swarms of informers, who if no notice had been taken of the probable consequences of the act in its then state, would have dealt destruction very extensively around, but have also had their share in being the means of bringing about a very important and salutary reformation of the act itself.

Not many days after that letter had made its appearance in public, I was waited on by a gentleman from the Stamp Office, who informed me that I had it in my power to render an essential service to those who were about to be employed in a revisal of the schedule of the Medicine Act, by giving my assistance in pointing out such articles as had been improperly introduced into it.

I attended this gentleman at his chambers in the Temple, at an appointed hour; and we had a long conversation on such clauses of the act as bore most heavily on the medical practitioner; at the conclusion of our conference, he put a schedule into my hands, requesting me to take it home, and strike my pen through the names of those articles which I was of opinion ought not to have been inserted.

In complying with this request, I did not content myself with merely striking my pen through the names of the exceptionable articles, but subjoined my reason to each, why I thought it ought not to stand; confining myself, (with the exception of two or three things) to the articles of the Pharmacopœia, and not meddling with many others which appertained to the province of the perfumer and confectioner.

The alarm excited by the provisions of the act, and the insertion in the Schedule of such names as *Spanish juice, refined liquorice, arrow root, Turkey rhubarb*, and many other things equally undeserving a place therein, soon arrested the attention of the druggists of London; meetings were held, committees were formed, and, as the first step, a Memorial to the Lords of the Treasury was drawn up, praying a suspension of such prosecutions as might be brought under this new act, for the dispensing of medicines not properly coming within the meaning of the act, but which were included in the schedule.

Various communications were in the mean time received by the Committee from different parts of the kingdom, on the uncertain state into which the dealers in medicine were thrown by the operation of the Medicine Act; and the

the London Committee were looked up to by the associations formed in different parts of the kingdom, as the medium through which an amelioration of the act, and of their situation in consequence of the act, was to be hoped for.

The Memorial was laid before Mr. Vansittart, who most readily and obligingly appointed a day at the Treasury for an interview; and at the appointed time, a deputation of four members of the Committee waited on him, and had a conference with him of above two hours, during which time various points in dispute were fully entered into.

The hardships to which all who dealt in any of the articles set forth in the schedule, were exposed to from the inroads and perjuries of common informers were particularly dwelt on. Feeling the force of this observation, Mr. V. replied, that it should be proposed to Parliament that in future all informations under the Medicine Act should be prosecuted by the Commissioners of the Stamp Office, who would not encourage any vexatious suit, or endeavour to strain the act beyond its just or fair limits.

We represented to him the great disproportion of the penalty to the offence, and instanced the possibility of a shopkeeper being prosecuted to conviction in the sum of ONE HUNDRED POUNDS, *besides costs of suit*, for the unintentional fraud against the revenue of *one shilling*,* and at the same time adverted to those articles in the schedule which could not by any means be construed into nostrums, or any way proper to be included in the schedule.

It was also urged, that the allowing six months to the informer to bring his action, was giving him too great a latitude for committing his depredations; as total ruin might ensue to a person who might unintentionally and unknowingly continue the sale of a stampable article, contrary to the statute, in all that time; and that we conceived, if the law should enact that the prosecution should be brought within *one* month, the ends of justice would be fully answered. To these, and other propositions, Mr. Vansittart attended with much attention and patience, but gave no specific answer; only took notes of them; and promised that a bill for amending the act should be brought

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* Common Spanish juice, as may be remembered, was among the articles of the late schedule. A retail apothecary, or grocer, selling eight separate pennyworths of Spanish juice therefore, without affixing a three-halfpenny stamp on each, was liable to a penalty, of *ten pounds* for each parcel; and if unlicenced, *twenty pounds more*, the penalty for selling without a Medicine LICENCE!

brought into the House of Commons with a new schedule, free of the objectionable articles, which should be printed, and sent to the Committee; and time allowed for consideration.

It certainly was never the intention of the Legislature to harrass or throw any difficulties in the way of the regular medical practitioner; and this both Mr. Vansittart, and the Commissioners of Stamps assured us; and it now appears evident, that such a schedule would never have passed the house, but in the "MOB* *of bills that pressed on the consideration of the last parliament, and when it was in its last agonies.*" The Commissioners indeed, did every thing that men could do; and issued instructions to those who are employed by the Stamp Office to enforce the observation of the laws, not to lay informations or prosecute on account of any articles in the schedule, which were now found to be improperly placed therein.

Pending these transactions, I had enough to do to read all the letters I received from every quarter, some much to the purpose, and others very silly, particularly three or four anonymous ones, which I believe came from some of that description whose harvest was spoiled by the timely developement of impending mischief; and I am the more inclined to be of this opinion, from the publication, just about the time, of a most insidious advertisement, which appeared in all the newspapers, stating that, "Regular apothecaries, chemists and druggists had nothing to dread, the legislature having paid particular attention to their situation, and made a clear distinction between them and the dealers in quack medicines."

To this curious assertion was subjoined the fourth and fifth sections of the act; and by this advertisement, which many looked on as genuine authority from the Stamp Office, numbers of people were lulled into a security, and sold without scruple, stampable articles without stamps or licence. The fallacy of this publication I took on me to expose, at a general meeting of the Chemists, &c. &c. held at the Crown and Anchor, October 12, shewing that it had neither head nor tail; the advertisement was not dated from the Stamp Office, nor authenticated by the signature of Mr. Beresford, Secretary to the Commissioners, as it would have been, if genuine.

But, an event soon happened, which shewed, that the fears I had expressed, and the cautions I had given, were not

* Sir William Scott's Speech, April 6, 1803.

not in vain; and that the anonymous authors of private letters and of public advertisements, tending to mislead, were equally mistaken.

Although the Commissioners of Stamps, much to their honour, did their best to prevent the prosecution of individuals for the sale of what I term *innocent* articles, this did not prevent OPPOSITION COACHES from being started; and those informers, not connected with the Stamp Office, saw no reason why they might not run their machines, for a short time at least.

On a certain day, notice was given to some of the members of the Committee, that several informations under the New Medicine Act were to be tried before the Lord Mayor (Sir John Eamer), and that it was reported, in case of convictions upon these informations, the penalties would not amount to less than from four to five hundred pounds.

None of these were laid by any of the people connected with the Stamp Office; this was a "separate concern."

Some four or five members of the Committee made it their business to attend at the appointed time. The period being arrived, in waddled a fat, chubby figure, the informer's witness, bending under a huge wallet as large as the bag of a Jew old cloaths man, stuffed with various articles purchased from unwary dealers, each article carefully marked and labelled with the name of the offender, date, place, and every other circumstance; and from the bulk of the wallet, we were inclined to think, report for once might speak truth to the number of informations to be laid.

The first article produced was one ounce of refined liquorice, wrapped in brown paper, sold by a grocer in Houndsditch.

The majority of those who were summoned to appear, were grocers and confectioners, there were also one or two WIDOWS of apothecaries, who, to preserve life and soul, struggled to keep together the business of their deceased husbands until a purchaser could be found. There were no apothecaries nor druggists summoned; for informers always attack the most vulnerable, that is, those who are most likely to be ignorant of the law, and least likely to contend with them.

Where so productive a harvest was expected, in case of conviction on such a multitudinous budget of qui tam informations, the informer could easily afford the expence of employing counsel. An eminent barrister urged the suit, on behalf of the plaintiff. On the part of the defendant, Mr. Estcourt, the Solicitor of the Stamp Office, attended. We now saw, for the first time, an officer of the crown in

a new

a new and perhaps unprecedented situation; not standing by to see that the law was enforced upon the offenders against a revenue act, but as the advocate for those who had infringed it. His pleadings however were not directed to overturn the arguments of the learned counsel; these were unanswerable; but rather, to act as a mediator, and take off the blame from the defendant, whom he represented as having acted under the sanction of the Commissioners of the Stamps, who had informed a person deputed by the confectioners, that no prosecutions would be brought against persons selling such and such articles, not being medicines, although specified in the schedule. The learned counsel contended, and justly, that it was no matter to him in respect of his client, whether the law was a good one, or founded in error, it was sufficient such a law existed, and no legal power, not even the Lords of the Treasury themselves, could set aside an act of parliament.

I cannot see on what ground the Lord Mayor could possibly have avoided convicting the defendant, but for an accidental circumstance. One of the informations lay on the table, which Mr. Complin of Bishopsgate Street, who sat next to me, was reading, while I looked over his shoulder; I observed, that in one part of it, certain very material words, essential to constitute the validity of the information, had been omitted.

Whatever certainty is required in an indictment, the same is necessary in a qui tam information;* and consequently, as all the material parts of the crime must be precisely found in one, so must they precisely be *alleged* in the other. The information only stated that A. B. had sold one ounce of refined liquorice, contrary to the act; but, the material allegation, or averment, namely, its "*being a medicine used for the prevention, cure, or relief of a certain disease, ailment, complaint, &c. &c. incidental to the human body,*" was totally omitted. I communicated this discovery to Mr. Newman,† who agreed with me that it was fatal; and immediately shewed the Lord Mayor that the business was at an end; the information was of course quashed; and as all these summonses and informations were alike deficient in not having those material words of the act, every one of the other informations fell to the ground.

[To be continued.]

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* Burn. † Clerk to the Lord Mayor.

To

To the Editors of the Medical and Physical Journal.

Gentlemen,

In your 52d Number for January 1803, Mr. Low has stated a method by which metallic casts may be obtained from the osseous cavities of the human ear. The same process has been described in the Lectures on the Art of making Anatomical Preparations, as delivered by Dr. Baillie and the late Mr. Cruikshank, full ten years since, and that process was regularly mentioned for at least five successive years, to the writer's knowledge, as well as the person's name who contrived it. Other casts, of a similar kind, had been occasionally made, but the certainty of success was fixed by the method of coating the temporal bone, and heating it so as to expel the contained air. The compound fusible metal is liable to oxydation at the red heat which is necessary to be given to the bone, so that grain tin is found to make a more beautiful cast. A tube must also be fixed into the meatus externus, in order that a greater pressure of the melted metal should urge its flow into the small cavities. A coating of pipe clay is better than one of Paris plaster; but if the latter be used, it should be altogether included in a crucible, to prevent cracks and flaws, which will often drain out the metal before it sets, and spoil the cast.

Preparations of this kind have been long used at the lectures in Windmill-street, and those were presented to the teacher by Mr. Carlisle, who contrived the method of making them. I am, yours, &c.

REMEMBRANCER.

To the Editors of the Medical and Physical Journal.

Gentlemen,

The following singular case of Monstrosity has lately come under my observation; and although the particulars of it, so far as regard the child, may not afford any practical inference, yet as it may be interesting to practitioners of midwifery, if you think it worth a place in your very useful work, it is at your service.

I am, yours, &c.
J. T. GIRAUD.

Faversham,
Nov. 8, 1802.

Mrs.

Mrs. B. aged 33 years, having borne five healthy children, was taken in labour the beginning of June last, the sixth time. The presentation was natural, and the birth of the child easy, till it arrived at the hips, when, in addition to the natural pains, a very considerable force was found necessary to complete the delivery. It proved that this extraordinary difficulty was occasioned by a preternatural tumour, in bulk, at least, equal to the child's head, somewhat of a pyramidal form, the base attached to, and extending over the glutæi muscles. The child was a full grown female fœtus, strong and healthy, and in every other respect well formed. The tumour had an unequal feel, some parts possessing a considerable degree of firmness, while other parts were soft, with apparent fluctuation. A few days after birth, a portion of the surface inflamed and ulcerated, discharging a considerable quantity of thin sanious matter, the size and shape of the tumour undergoing, in consequence, some degree of alteration. This ulceration and discharge continued, more or less, upwards of three months, without in the least impairing the health of the child, or seeming to cause any great inconvenience. At length, however, the ulceration became more deep and extensive, the health of the child became impaired, and it gradually sunk. At the time of death, a considerable alteration had taken place, both in the form and proportionable size of the tumour, and sphacelation had commenced, and extended over a considerable portion of the surface. The annexed engraving, from a sketch taken after death, will give a pretty correct idea of the form and proportion of the tumour at that time.

Upon dissection, the tumour was found to be constituted of innumerable cysts, of various sizes, formed of thickened cellular membrane, and intermixed with adipose matter; their contents were various, and put on the different forms of lymph, glairy fluid, pus, and grumous matter, of a deep yellow and brown colour. I sent a part of this swelliag to Mr. A. Cooper, who saw the child, and was consulted respecting the propriety of an operation for the removal of the tumour. During gestation the mother hadsuffered no unusual inconvenience, neither had she experienced any fright, nor laboured under any disagreeable impression. . Her family, however, had some striking traits, the most conspicuous of which indicated a scrofulous diathesis, and to which, perhaps, the morbid state of the above described subject, may be referred. The following is a brief statement of these facts.

G. W.

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G. W.

At an early age lost a leg, in consequence of a diseased knee joint; he enjoyed good health, however, to an advanced age.

His Wife, Mrs. W.

Had one thigh considerably shorter than the other. She used to assert that her father and grandfather laboured under the same defect. She bore many children, and lived to upwards of ninety years.

Of their Children,

W.

Now living, has been many years subject to nephritic and calculous complaints, and rheumatism: His —

J.

Now living, has been afflicted with scrofulous tumours and ulcerations.

G.

Died, aged about sixty, of schirrous intestinum rectum.

P.

Lost his sight at the age of 15 months, from inflammation induced by measles, shortly succeeded by scarlet fever.

G.

Died in the prime of life, after long lingering under lumbar abscess.

Son,

Has several children, some of whom are subjects of scrofula, and one of his daughters has a short thigh.

Daughter,

Who is the mother of the subject above described, has the same shortness of one thigh, which her grandmother and others of her ancestors laboured under.

To the Editors of the Medical and Physical Journal.

GENTLEMEN,

THE papers I have had the honour of addressing to you on the furniture of a sick chamber, and hints respecting variolous infection, partook, I am aware, too much of the diffusive turn of a young author, and as such I crave indulgence; you will now find them stripped of their drapery, and the reader will arrive at the information without his route being very circuitous; and if you think the following also deserving the public attention, you will please to insert it.

There are certain complaints of the urethra and neck of the bladder, that require, in my opinion, the constant abidement of the elastic catheter in the urinary passage during the continuance of the disease. I do not mean that the same catheter must remain the whole time, as calculous incrustations would undoubtedly take place, and a change of the instrument, to prevent such an unpleasant event, must be frequently necessary.

As I have not frequent leisure to refer to the different authors on surgery, it was imprinted on my mind, that the plan I had proposed for securing the elastic catheter in the bladder, and which was adopted in a consultation a few years back, had novelty in it; in short, its simplicity had led me to believe that it must be pretty generally practised, till I purchased Mr. Hey's cases.* In a work of such respectability, I found a method recommended very different from mine, and, as I think, inferior to it.

The plan I recommend is this, and the following drawings will more fully illustrate it. The elastic catheter is to be passed in the usual way; and when it is in the bladder, the patient, or assistant, is to press the catheter rather farther in, than where it would remain without pressure. We are then to apply a slip of adhesive plaster on each side the penis, nearly its whole length, and to the end of each plaster, near the preputium, a tape is to be fixed. These are to be tied to the rings of the catheter; and a little more than midway

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* The mention of Mr. Hey's name, points out the very great utility of your Journal, for had there been a respectable publication, like yours, many years ago, so much valuable treasure as his work contains, would not in all probability have been locked up.

midway of the penis, you are to encircle it and the two lateral plasters, with two other slips of plaster, taking care these surrounding plasters are not placed on each other, and this is all that is necessary.

My motive for pressing the catheter rather more into the bladder, is to allow of the swelling of the penis, which must sometimes happen, particularly in young persons, during sleep.

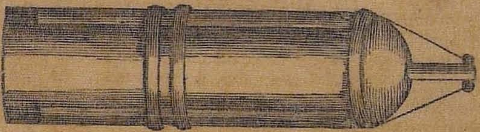
The circular plasters are intended to confine the lateral ones; and my reason for using two, is, in case one should give way.

Cleanliness may call for a frequent renewal of the plasters, and, if necessary, to wear a T bandage for any external opening in *perinæo,* or other cause, it need not interfere with the plasters.

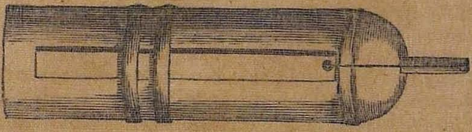
As to the protection of the end of the catheter, I have ever found the patient's contrivances the best; do not put him in a state of security as to this particular, by any thing you do; leave this part of the business to the patient, and he will attentively, and safely, guard it from harm and inconvenience.

Views of the Penis, with the Elastic Catheter secured.

Front View.



Lateral View.



On some of the Furniture *of a* Sick Room.

THERE is no part of the furniture of a sick chamber that calls more importunately for reform than close stools. The

The great fault in the structure of them is their being contrived for more purposes than one; in the chambers of the wealthy, in particular, we see them become a piece of furniture, as Dean Swift says, "with rings and hinges counterfeit;" and being a piece of elegant furniture it must remain in the room; the pan and contents only are removed, and this very frequently not until some hours after being used, during which time the wood is imbibing the putrid effluvia.

I shall now beg leave to speak more particularly of the structure of those close-stools in general use with the middling and lower class of people, and to which this paper more especially applies. They are made square, and when you are called upon to visit a patient as the lid is a flat surface, you will observe it take the place of a chair by the bed-side, and being so flat it generally answers the purpose of a table; also this nauseous putrid apparatus is placed directly under the nose of the patient, where it continues without the least exposure to air or fumigation during the whole illness. I have known the stench complained of by the patient. The nurse answers, "I am sure I have emptied it;" and, with few exceptions, neither the nurse nor the patient have the least idea of the close-stool itself being the cause. The sick person then is persuaded to be reconciled; he conceives he must be mistaken in *imagining* a stench, although he is nearly poisoned with it. If perchance however the patient is positive that the stench is in the close stool, he becomes tired of complaint, as the nurse remains obstinate in her assertion, and perhaps will once or twice at most growlingly remove it; the sick patient is then hurt in two ways, the mind is irritated, and he breathes an unfit air. We know there are diseases where the sense of smelling becomes more acute, the phthisis pulmonalis for example; and the attentive practitioner will be cautious in visiting his patient a second time in boots after they have once been complained of.

How frequently with the poorer class will one close-stool go through a whole parish; I have known the precious chest brought from a neighbour who had just expired upon it, into the chamber of another who was immediately fixed there.

I shall conclude with the alteration I propose. In the upper part the lid should be convex; this will prevent its being applied to more uses than one, no person can make a chair of it to sit upon; it will not hold barley-water, or other drink, it will consequently be removed from the bed-side,

side, which is one point at least gained, if it never gets fumigated, and the lid should not be attached to the close-stool by hinges, but should lift off, to allow the patient to lean his back against any thing.

Much more might be said on the subject, but I am addressing myself to those who will readily comprehend my meaning; and nauseous as the subject at the first blush may appear, I trust it will be found to be of material advantage.

On the Reappearance *of* Contagious Diseases.

I thank you for your flattering notice of my paper, but I believe you misunderstood me; when I spoke of having more observations, I did not mean to say they were all on the subject of the sick chamber, but those arising during some years of practice in Surgery, Midwifery, and the Practice of Physic.

There is a proposal for the extermination of the Small-pox by universal vaccination; but to me there seems something more than Vaccination, and the plan already mentioned, necessary to extirpate that disease.

Some years ago, in looking over the Philosophical Transactions, I read, that during a funeral at a country village, there was a most abominable stench issued from the grave, which was found to proceed from the bursting of a coffin, and which, to the best of my recollection, the hoary sexton declared to have been deposited nearly twenty years; many of the people went home sick, and in a short time the small-pox was very general in the village.

Now, Gentlemen, if the variolous infection may lay dormant in the earth so many years, it certainly would be politic for the grave-digger to make use of some fumigating process at the time of his occupation, to annihilate the small-pox infection, provided there should be any extricated; and unless it is by some means destroyed, it is probable that we may be frequently exposed to the contagion.

I am, &c.

W. MARSON,

Member of the College of Surgeons.

MONTHLY REPORTS.

Cases admitted under the Care of the Surgeon of the Finsbury Dispensary, St. John's Square, Clerkenwell, from June 10, to July 10, 1803.

Ophthalmia - - - -	1	Hydrarthus Genu - -	2
Phlegmone Testis - -	1	Prolapsus Ani - - - -	1
Abscessus - - - - - -	3	Leucoma - - - - - -	1
Ulcera Cruris - - - -	12	Cataracta - - - - - -	1
Fistula Lachrymalis - -	1	Hematuria - - - - - -	1
Contusiones - - - -	9	Suppressio Urinæ - - -	1
Combustura - - - -	2	Spinæ Incurvatio -	1
Lues - - - - - - - -	3	Incontinentia Urinæ -	1
Gonorrhœa - - - -	3		
Scrophula - - - - - -	1	Total -	45

In the practice of Surgery, it is not unfrequent to find more trouble and disagreeable circumstances arising from the treatment of cases which are apparently to a common observer, and especially to the patient himself, of a trivial and unconsequential nature, than from those which are generally considered as cases of the first magnitude. A successful operation for Aneurism, or Lithotomy, where the conduct is plain and void of difficulty, shall often produce a lasting reputation, while an obstinate and insignificant eruption, or some such case, shall frequently baffle all our endeavours, and perhaps bring disgrace upon the practitioner.

From daily observation, it appears to me that the majority of the profession pay too slight a regard to what may be called the Minutiæ of Surgery. Their attention is too much converged to the consideration of those well-marked diseases, which have been regularly classed by Nosologists, while the variety of anomalous appearances which are frequently occurring are not sufficiently noticed. Persons who are unacquainted with the Physiology and Pathology of an animal body, and of the powers of art on the structure and functions of that body, estimate the difficulty of removing a disease as proportionate to the danger connected with it; but it must be well-known to every practitioner, that there are many cases perfectly unconnected with danger which give far greater embarrassment and trouble than diseases of the most formidable aspect.

As there is no disease which is attended with so great a variety of symptoms as syphilis, so there are some of those

symptoms

symptoms that occasionally happen, which are peculiarly troublesome, and their removal attended with much difficulty; and there are some of those whose existence is not dangerous but rather inconvenient to the patient, and which exist even after the disease (in itself considered) is eradicated. I know of no circumstance more distressing, and productive of more trouble to the surgeon, than that of Warts, which though at first sight they may seem by an unaccustomed observer to be very insignificant, yet are absolutely, in many instances, extremely harrassing; and the more so, inasmuch as a person so afflicted expects their removal to be easy, and is much dissatisfied at their continuance.

I believe that mercury has no influence on these excrescences, and that when all other symptoms are removed, and such a course has been employed as is customary to adopt to eradicate the disease, there is no indication for a further continuance of it on account of warts. It should seem as if there was a peculiar action induced in the parts for the formation of these excrescencies, and when one of these has once arisen, it is astonishing how quickly it increases and how very difficultly it is eradicated, while that disposition remains in the parts; for although it may be acted upon by escharotics, as soon as their action has ceased there is a speedy renewal of the wart. I have seen the most alarming inflammation arise in consequence of the application of powerful caustics, especially when arrived at the root of the wart; and during the existence of that inflammation, the excrescencies have shot forth with redoubled vigour.

In these cases many have much extolled the application of the aq. litharg. acet. undiluted; this often has a very excellent effect in warts of a softer nature, but in many of these, it is altogether without effect.

A case occurred to me lately, where all the usual remedies which are considered as corrosive were used without producing any good effect, and some even seemed to do harm; and these yielded at last to the powder of sabina, which acts by producing a considerable discharge from the surface, by which the excrescence is gradually wasted, without causing an eschar, like a caustic application. This remedy likewise gives little or no pain, and I have never seen it productive of inflammation; which not unfrequently follows the use of either a solution of muriat. of mercury or pure potash, or any other of the most potent caustics.

No. 68, Hatton Garden. J. RICARDS.

Account of Diseases in an Eastern District of London, from June 20, to July 20, 1803.

ACUTE DISEASES.	
Typhus	8
Hepatitis	1
Rheumatismus Acutus	3
Cynanche Tonsillaris	2
CHRONIC DISEASES.	
Tussis	10
Tussis & Dyspnœa	7
Phthisis Pulmonalis	3
Hydrothorax	2
Anasarca	3
Gastrodynia	4
Enterodynia	5
Dyspepsia	6
Obstipatio	3
Diarrhœa	5
Prolapsus Ani	1
Hysteria	3
Hypochondriasis	2
Herpes	7
Rheumatismus Chronicus	12
PUERPERAL DISEASES.	
Peritonitis	2
Menorrhagia Lochialis	7
Dolores Post Partum	4
INFANTILE DISEASES.	
Apthæ	3
Herpes	5
Diarrhœa	3
Ophthalmia	2

CRITICAL ANALYSIS
OF THE
RECENT PUBLICATIONS
ON THE
DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

The Edinburgh Practice of Physic, Surgery, and Midwifery, preceded by an Abstract of the Theory of Medicine and the Nosology of Dr. CULLEN, *and including upwards of Six Hundred authentic Formulæ, &c.* with twenty quarto plates. A new edition in five volumes, viz. the two first on Medicine, the third and fourth on Surgery, and the fifth on Midwifery. 1803.

THE numerous additions with which the present edition of this valuable compilation has been enriched, and the quantity of medical knowledge which it contains, will justify us in bestowing on it more notice than a mere compilation might at first seem to demand. The title by which this work has long been known, is, "The Edinburgh Practice," by which is meant, a summary of all the knowledge, theoretical as well as practical, taught and practised at the Edinburgh School of Physic. A work of this kind, if executed with fidelity, cannot fail of being extensively useful; provided too much

be

be not expected from it. The perusal, or even study of a work of this kind, can no more make an accomplished physician than the study of Blackstone's Commentaries can make a profound lawyer; but there is a large class of medical students and practitioners to whom this Compendium must be desirable, as to them it offers the only probable method of coming at much valuable information, which it is better to know imperfectly, than not to know at all.

In the preface, the Editor speaks of the plan and performance of his task with modesty and propriety. The parts which are the most considerably increased in the present edition, are *the Cases and the Formulæ*, both of which add most materially to its utility as a practical guide. It was hardly necessary, we think, to introduce any justification of extending the plan to Surgery and Midwifery, as well as Medicine; the education of a physician includes all these branches, and, what is more to the point, the readers to whom this work will be particularly acceptable, are, we conceive, the largest and the truly respectable body of practitioners in this kingdom, those who unite in practice all the branches of the Hippocratic art.

A sketch of the history of Medicine forms the Introduction. It is brought down to the time of Harvey, generally; and a very good view is given of the leading points which distinguished the practice of Hippocrates. From the time of Harvey, this history only flows in one channel, namely, the rise and progress of the Edinburgh School of Physic. We do not mean, however, to insinuate any accusation of improper partiality in thus confining the subject; the writer gives fairly and candidly that which he professes to give, a History of this celebrated Medical School; and perhaps, in the compass which he allows himself, a more extensive view of the modern theories of Physic, (though always equal to and generally far surpassing in excellence the crude conceptions of the antients) would only perplex by excess of brevity.

The first chapter contains a view of the Theory of Medicine, an account of the principal functions of the body, and of some of the most popular systems. It will be sufficient for our readers to say, that the account of the functions of the body is given from an elementary and elegant work in the Edinburgh School, Dr. Gregory's Conspectus Medicinæ Theoreticæ, and that the Systems which are explained are those of Cullen and Brown. The latter is introduced with no great respect; but it is not now that the Brunonian system will be thrown back by such disparaging expressions as, "many of our readers will little expect to see Dr. Brown's opinions seriously noticed,"—"dignified by its admirers with the title of a system,"—"converts to the doctrine are totally unable to recollect when or how they were converted;" and others of the same stamp.

Brunonianism was indeed first adopted by young students, and it was long before it had acquired that rank among medical systems to which its ingenuity and the abilities of its inventor justly entitled it; but the *young* men who enrolled themselves among the first

supporters of Brown's opinions, were some of the highest ornaments to the Edinburgh School, and the system itself has gradually wrought a change of great extent both in the general practice of physic, and even in the language of medical reasoning.

As some system of Nosology must be taken as the text-book for descriptions of diseases, the Editor (as will be readily supposed) follows that of Dr. Cullen, a translation of which is prefixed, for the benefit of those readers (perhaps not a few) to whom the perusal of the original would be attended with some trouble.

Therapeutics, or the Practice of Medicine next succeed, and occupy the remainder of this and the succeeding volume. Febrile diseases are the first given; and on this subject, of infinite importance, great attention is bestowed. Dr. Darwin's system of Fever, taken from the Zoonomia, is first however introduced, as an appendix to the chapter on the theory of Fever, where indeed it would have come in with much more propriety along with the Brunonian system, which it so closely resembles. Though the Editor takes Cullen for his guide in regulating the nosology, and makes ample use of the "First Lines," much more than the concise and often meagre descriptions of this author is required by the reader who would have recourse to such a work as the present as a guide to his practice; the editor therefore very properly has supplied the deficiencies of description by the valuable matter contained in the works of Lind, Fordyce, Huxham, Saunders, Currie, and many other eminent practitioners. Still, however, we are compelled to remark, that though a great mass of excellent matter is collected, it is merely thrown down upon the pages, without much method or system; long quotations are given from these writers, perfectly apposite indeed, but not interwoven into one clear and intelligible whole, nor arranged in that lucid order which is so necessary to assist the student, and to prevent that perplexity which must ensue from a multitude of counsellors. Full as the chapter on fever is, some omissions occur on points of practice, owing perhaps to the Editor confining himself too strictly within the limits of a mere compiler's duty. We might instance more particularly the use of certain remedies in typhus fever to fulfil peculiar indications, which we think might have been rendered much more conspicuous than in the pages before us. The particular use of opium in the spasmodic symptoms of the worst species of typhus; the advantage to be derived from a vigorous but cautious use of calomel, where much foulness of the intestinal canal is apprehended; the diaphoretic powers of ether, so much insisted on by Dr. Carmichael Smyth, and some other circumstances of the kind, would have added much to the intrinsic value of this part of the work, and might have beeen introduced in the place of some foreign matter of inferior importance. On turning over the method of purifying ships, apartments, and goods from the infection of fever, we had no doubt of finding due notice taken of the mineral acid vapours, and the superiority of this method over the old fumigations with wood, gunpowder, and aromatics.

aromatics. This we the more fully expected, as the excellent practice of cold affusion, so admirably inculcated and explained by Dr. Currie, is introduced with due attention. It was with no small surprize that we found not a single syllable on the acid vapours, though the fumigating processes recommended by Lind are detailed with great minuteness. The Editor has shewn himself too well acquainted with the actual state and modern history of physic to be ignorant of this improvement, why then has he not thought proper to mention it?

The two first volumes of this large and useful work are occupied by Medicine. We do not think it necessary to give any further analysis of their contents; all the principal diseases are noticed in general in a very ample manner, and the authorities consulted by the compiler are always respectable, and among those of established reputation, which are to be found in every library. This part of the subject does not admit of or require the illustration of plates. A single one is given, Mr. Watt's portable pneumatic apparatus for procuring the gasses for medicinal purposes. We shall decline our usual custom of giving a specimen of the execution of the work, as it can hardly be requisite in the present instance, and as the Editor has chosen that the readers should find not only the matter but the *very words* of Cullen, Lind, Fordyce, and many of the Correspondents that have long enriched our Journal with their Communications.

[To be continued.]

A Second Treatise on the Bath Waters, comprehending their medicinal Powers in general, and particularly as they relate to the Cure of Dyspepsia, Gout, Rheumatism, Jaundice, and Liver Complaints, Chlorosis, cutaneous Eruptions, Palsy, &c. By GEORGE SMITH GIBBES, M. D. F. R. S. late Fellow of Magdalene College, Oxford. 8vo. pp. 120. Bath, 1803.

THE first Treatise of this zealous advocate of Bath water, exhibited the analysis of this renowned spring with so much accuracy of chemical investigation, as to leave nothing further to be desired on this head as long as chemistry remains what it is. In the present work, Dr. Gibbes proceeds to its application, as appears from the title page, to all the principal diseases for which the Bath water is recommended. In so doing, something more is intended, and we may rather entitle this little work a defence of the virtues of Bath water against the attacks of Drs. Heberden, Saunders, and some other physicians, "who, residing at a distance from Bath, are not fully aware of its medicinal excellence." The controversy is certainly interesting, and the author defends his point with candour and urbanity. The sentiments of the late Dr. Heberden on the powers of Bath water, (an authority of no small weight, as far as authority ought to have weight on such subjects) strike directly at the root of the high reputation of this spring, by refusing to allow

 it

it more, or scarcely more, medicinal virtue than common water heated to the same temperature. In no part of the writings of this venerable physician is this opinion expressed so unequivocally as in his posthumous *Commentarii,* (article, *De aqua Bathonica).* After lamenting the uncertainty of establishing *facts* in medicine, and giving in illustration the utterly contradictory opinions on the efficacy of Bath water, uttered by physicians of learning and sense, this is the inference which he deduces: "Profecto ut mihi videtur ubi medici prudentes in tam diversas sententias eunt, ibi censendum est hos fontes esse exiguarum vel nullarum virium." Nor is he more favourable to chemical analysis in general, "Taceo chemicorum analyses, ut parum idoneas ad vires quorumcumque medicamentorum explorandas."

Dr. Saunders, in the first edition of his valuable Treatise on the Liver, by extolling the power of simple warm water in circumstances of disease of this organ, in which Bath water is known to be serviceable, has contributed to throw some doubt on part of the supposed medicinal virtue of these springs. It is right, however, to observe, that this physician has, in the third edition of this work, retracted or modified this opinion in the following terms. "A more intimate acquaintance with the power of Bath water, and a minute inquiry into its sensible effects on the animal economy, having inclined me to think more favourably of its use, independently of its being merely an aqueous diluent." These, with the sentiments of some other medical observers on the subject, are the opinions which Dr. Gibbes aims to refute, chiefly by endeavouring to shew that these waters do really possess an actively sensible operation; that they are capable of producing as much positive mischief, when misapplied, as benefit when cautiously employed; and that the diseases where they are used, are of a nature to require powerful remedies, and, if we may so speak, to do credit to the healing art and the skill of the physician.

The chalybeate contained in this water must, after all, be the *only* foreign principle on which the medical chemist can rest with any security, and the author shews he is aware of this, by the stress which he lays on the peculiar mode of its combination with the water. He observes, "Reasoning a priori from the impregnation discoverable in the Bath waters by chemical agents, we certainly should not be led to suspect that they would have any great effect on the human frame. Experience, however, teaches us, that these waters possess very active powers when introduced into the body; and we are, I apprehend, authorized in attributing their effects to those substances in them, with which chemistry has made us acquainted. Because other chalybeate waters contain larger quantities of the metal, it is not to be supposed but that a different mode of impregnation may augment or vary the effects these produce on the animal economy. Who could suppose that a little addition of one of the principles which compose our atmosphere, could change calomel into corrosive sublimate, or that the imperceptible

operation

operation going on in the glands of vegetables, should produce from water, air, and earth, the deadliest poisons; poisons which, when once admitted into the animal system, cause instantaneous death? It is not, I contend, from the fewness of the principles, or from their quantity, that we can declare these waters to possess no activity, or, possessing it, to determine that it does not arise from the substances as yet discovered in them."

And again, "The chalybeate impregnation is of so delicate a kind, and so different from that of all other waters, as nearly to have eluded the nicest chemical research. The almost volatile state of the iron must give it an activity upon the human system, fully equal to what we see produced by these waters. Besides that our taste and smell discover in these waters, when fresh from the spring, a very perceptible chalybeate impregnation, chemical agents constantly detect in that state a larger proportion of iron in them. It is also found that the more delicate the reagent is, the greater is the quantity of iron discoverable. In my former treatise, I mentioned the reasons which induced me to believe that the iron was nearly in a metalline state. In that state, so extremely divided, and applied dissolved in water at such a temperature, there does not arise a doubt that most of the medicinal effects of these waters may be with confidence attributed to that cause."

What, however, let us ask, is an *almost* volatile state of iron? Is not the ingenious author aware that he is throwing out an idea which sound chemistry will not support? Is this supposed *volatility* of iron any thing more than that the impregnation with this metal is so slight that it is *soon lost to the senses*; namely, so soon as the heat which it naturally possesses has passed away. That more iron should be detected by a delicate than by a sluggish reagent is not very surprising nor uncommon. Neither do we suppose that the following presumptive argument will be considered as very convincing. "The diseases arising from diversity of climate are no less attended to, than the preservation of the human species by suitable nutriment; nay, the diseases which arise from the use, or abuse of what counteracts the effects of climate, are frequently to be obviated by natural and medicinal means discoverable on the spot. The effect of an effect seems to be provided for; indeed there is no one part of Nature, where such a dispensation cannot be traced. To see, therefore, spring up in the midst of a fertile valley, such a stupendous provision as the mineral waters of Bath, must lead us to an investigation of the most interesting nature, when we consider that they must have been sent to answer some adequate purpose."

The author candidly allows that the practice of the General Hospital does not produce a conviction of the efficacy of these waters in any very decided manner. The reason he admits to be, that other medicines have been combined with the water, so as to throw some uncertainty on the proportion of benefit due to the water itself.

self. This concession is fair, but the sceptical enquirer will ask, why it has been necessary to call in so much auxiliary aid?

We are compelled to remark, that the author has, in more than one instance, allowed his zeal for the reputation of this celebrated spring, to outrun his better judgement. We do not hesitate to say *better* judgement, for many very valuable practical remarks are given in the short compass of these pages, and the discrimination between the lædentia and the juvantia in the different states of the diseases which are treated of, is laid down with much clearness and precision. But the virtue of the Bath waters is a subject of so much importance, that we may be allowed, we trust, to pursue it somewhat further.

"With every one who reflects seriously on the efficacy of the Bath waters in removing the early symptoms of some of the most fatal diseases to which man is subject, their credit will in this respect stand as high as if they removed the complaints when fully formed."

Surely not! An emetic exhibited on the first accession of typhus fever will sometimes, by removing the early symptoms, prevent the further progress of the disease; but ought, therefore, the credit of the remedy to stand as high as if it had removed a fever of a week's standing?

The modus operandi of these valuable waters (for valuable they certainly are) is involved in much obscurity. The author does not attempt to add any thing on this head to the conjectures of other writers. As a chemist, we must acknowledge, we hardly expected that he would have thought the following hypothesis worth a repetition.

"It appears from the observations of M. Mandell, a medical professor at Nancy, that the state in which the iron exists in the Bath waters is the most proper for the cure of chlorosis. I extract the following passage from that respectable monthly publication, the Medical and Physical Journal. M. Mandel explains the recent system of Dr. Rollo, who maintains that the greater or less quantity of oxygen in the blood, is the cause of several disorders. Without overturning this principle, he opposes the author's application of it to certain diseases, particularly chlorosis, which, he says, is determined by the smallest quantity of oxygen, and against which he recommends the metallic oxyds, as the most proper to furnish the oxygen. He, on the contrary, proves that this disease is subdued by medicines calculated to lessen the quantity of oxygen, rather than increase it; that it is cured by iron which has undergone no preparation, but the minutest division of its particles; whence he concludes that we ought not to consider oxygenation, but rather ferrugination, as the efficient cause of cure."

Granting the efficacy of abstracting oxygen from the blood in chlorosis, and the de-oxygenating power of the iron in the Bath water, and making the most ample allowance for the quantity of iron

ever

ever asserted to be contained in this water; let the ingenious author, for a moment, calculate the proportion between the alleged cause and effect, and he must see that there is a degree of extravagance in hypothesis which excludes all other sentiment but that of ridicule.

The Report on the Cow-Pock Inoculation from the Practice at the Vaccine-Pock Institution, during the Years 1800, 1801, *and* 1802, *read at the General Meeting of the Governors, February* 7, 1803, *at the Shakspeare Tavern, written by the Physicians to the Institution; to which are prefixed, two painted Engravings of Cow-Pock and other Eruptions.* London, pp. 136. 8vo.

It is not often that a public charity can present to its governors and to the public at large, so interesting and every way valuable a report as the present. Much is owing undoubtedly to the high importance and the comparative novelty of the subject, and a great degree of praise is also due to the Medical Directors of the Institution for the earnest attention and philosophical spirit of inquiry which are exhibited in these pages.

This institution, the plan of which was first agitated at Dr. Pearson's house in December, 1799, has now subsisted for three entire years, during which time 1202 patients have been inoculated, namely 317 on the first year, 287 on the second, and 569 on the third. On this sum total the reporters make the following observations. "We are aware that a greater number of persons will be expected to have been inoculated for the cow-pock than are above stated; but it must be considered, that the house for this practice is not situated in a part abounding with poor people; and when it is also considered, that the grand objects of the institution were the preservation of the succession of matter, for the public at large, and for determining the laws of action of the vaccine poison, by accurate registers of observations, it is hoped it will be found, that these points have been completely, or at least in great part attained. With respect to the former of these last-mentioned objects, we have the satisfaction to report, not a week, and very often not a day has passed, without applications being made to the institution for matter to supply great part of the metropolis, and still more extensively, provincial practitioners. In particular, here has been the appointed office for supplying the navy and army by order of government. Nor have the benefits of the institution in this respect been confined to our own country, for France, Germany, Russia, Portugal, Italy, different parts of Asia, Africa, and America, and the West-Indies, have all been furnished with matter from this source. In no instance that has come to our knowledge has our matter been followed by any other effect than the cow-pock; but in a few cases, the small pox, from the intervening agency of that poison (although at first confounded with the cow-pock) has taken place. The chicken-pox, measles, and ulcerous sore throat, which sometimes

sometimes occurred during the cow-pock, were too obvious to be imputed to the vaccine poison."

To those only who imagine that the vast heterogeneous mass of population which constitutes *the public*, will instantly act with the vigour and unanimity of a select set of enlightened individuals, can it be a matter of surprize that the bulk of the inhabitants of this kingdom should have been, and should still remain, stupidly indifferent to the benefits of vaccine inoculation, after all reasonable evidence had been laid before them. If however the present report should present a scanty sum total of operations, it exhibits a rich collection of facts selected from the means of observation that have been afforded, which, for the purpose of observation at least, have been amply sufficient. The reporters have thrown together these remarks in the form of propositions or aphorisms, which are here given along with their explanatory comments and annotations.

It would only fatigue our readers again to lay before them the *principia* of vaccine inoculation, with most of which they must long have been familiar. We shall therefore only select a few passages that offer any novelty or refer to points still controverted. "The red areola during the beginning and early part of the scabbing process generally took place, but when it was absent in other respects the pock was the usual one; and the susceptibility of the small pox *was equally destroyed as when the most extensive erythema appeared on the inoculated part.*" A little further on this opinion is explained somewhat more at large. "The areola is neither essential in the same, nor different constitutions; nor connected with the fever; nor with the age of the matter; nor with the quantity of it; nor with the mode of inoculation; but with apparently the state of the skin, in even different arms of the same person; for in the same person, one arm had borne a pock with a large red areola, and the other had a pock with none at all; some have had no areola, and yet a fever; and others no observable fever, yet there was a considerable areola.

"The cicatrix is not always a mark of security, though the absence of it is a certain test that the preservative power of vaccine inoculation has not been secured."

When any symptoms of general fever occur during inoculation, if they happen on the sixth, seventh, and eighth days, the reporters ascribe them to teething or some accidental cause; if later, to the true vaccine disease.

"A disease from various morbific poisons may occur at any period between the time of vaccine inoculation, and the time of the vaccine constitutional affection." The coincident infection of small pox, which has not unfrequently occurred, and which was so satisfactorily explained by Dr. Woodville,* is here particularly alluded to. The authors would also infer from this, that the supposed axiom, that two constitutional diseases cannot exist at the same time, is erroneous, and has led to a false supposition of an eruptive species of cow-pox. And yet we may remark, that the very circumstances

cumstances of the modification in the appearance of the vaccine pustule produced by the operation of small-pox infection, might be urged in *support* of the disputed axiom. The succeeding proposition, indeed, is more to the point; it is, that "any disorder whatever may take place at any period of the vaccina, except, after a certain progress, the variola."

The reporters here instance a variety of disorders of children that have occurred during the vaccine infection. This is a most important subject of collateral observation, to which all practitioners ought to attend with care. We believe it still open to future investigation.

"The animal economy, for the most part, does not seem to be either bettered or injured by going through the vaccina"

The only consequences of this inoculation hitherto observed, have been, according to the reporters, suppurative swelling of the axillary glands, in very rare instances; and in children not previously subject to eruptions, occasional eruptive vesicles of different forms, for a year or more afterwards.

"Persons who have already gone through the Vaccina, are unsusceptible of it a second time.

"No difference could be perceived in the agency of the vaccine matter according to the age of the pock, or to the presence and absence of areola, except in certain early stages of it, being more efficacious than others." As this relates to a point of practice of considerable importance, and as the opinions of many inoculators will be at issue upon it, we shall give the remarks of the reporters on this subject, and our readers must judge for themselves.

"It was the usage of the Institution almost always to inoculate with matter of the 8th, or 11th and 12th days; and from our ample experience we affirm, that if the pock of the 11th or 12th day was not yet in the scabbing stage, or was but just beginning, the matter was equally efficacious with that of the 8th day; yet, if the pock had begun to scab, or was advanced to that state, this old matter oftener failed than younger matter: but when the matter of such old pocks failed to excite the vaccina, considerable inflammation, or phlegmonous eruption or pimple (which is improperly called spurious cow-pock) did not more frequently occur than from younger matter of the distinct cow-pock, when it failed; and the bad consequences did not ensue more frequently from such old matter, than from matter of the 8th day, or earlier.

"Whether the matter was taken from a pock which had an areola or not, the effect was not on that account different. We have used matter, when it could be had, as early as the 5th day, but it excited the vaccina with the usual appearances; and certainly it was not, on account of the age of the matter, more mild."

"Matter from a pock still containing lymph, though as late as the fifteenth day; and even pus when the *vesicle* had become a *putsule*, generally produced no effect at all except like that of a common scratch; but sometimes it took effect, and then it produced the genuine distinct vaccina.

"In

"In the same arms, matter of the 8th day and of the 12th has been employed, and the event was, that each sort excited the genuine and similar vaccine pocks; and the same effects were seen from matter, so inoculated, of the 11th and 15th days."

Many other important points and remarks are contained in this volume, which is altogether one of the most valuable documents on vaccine inoculation that has appeared, since the publication of those whereby the practice was first established. Two beautiful plates are prefixed, exhibiting vaccine and variolous pustules, and some varieties and anomalies that are described in the course of the book.

We do not consider it to fall within the office of this Retrospect to make any observations on the Plan of the Institution; and we also most willingly avail ourselves of this plea, to pass over, without remark, a circumstance alleged against the conduct of the Discoverer of Vaccination, which the Reporters have thought it necessary here to introduce.

MEDICAL AND PHYSICAL INTELLIGENCE.

PLAN *of* LECTURES *on the* VACCINE-POCK INOCULATION, *at the Institution, (founded Dec.* 1799, *late* No. 5, *Golden-Square,)* No. 44, *Broad-Street, Golden-Square, by* GEORGE PEARSON, M. D. F. R. S. *Physician to the Cow-Pock Institution, &c. &c.*

A Lecture to be given at the Institution once or twice a week, according to the subject of it, for about twelve weeks. The principal objects will be,

1. The history of what is known of the vaccina in cows.

2. The history of the discovery, introduction, and propagation of vaccine inoculation.

3. To shew, in patients at the institution, the progress of the inoculated cow-pock, through its stages of growing into a vesicle, constitutional disorder, scabbing process, deciduary carbuncle-like scab, with a view especially to make known the distinguishing characters of the vaccina.

4. To explain the unusual, or accidental symptoms and effects of the vaccina: viz. eruptions, phlegmonous inflammation, erythema, axillary swellings, essera vaccina, pustule, ulcerations of inoculated parts, &c.

5. To explain the anomalous eruption of inoculated parts.

6. To explain the anamolous course of the inoculated vaccina.

7. Intervening disorders, especially the small-pox, measles, chicken-pox, contagious angina, hooping cough, tooth rash, red gum, &c.

8. In-

8. Instances, by inoculation, of the small-pox and cow-pock at the same time in the same person.
9. The various modes of preserving vaccine matter.
10. The effects of various modes of inoculation.
11. The effects of matter at different ages of the vaccine-pock.
12. The effects of inoculation of persons who have undergone the small-pox, or cow-pock.
13. The effects of inoculation when it fails to destroy the susceptibility of the small-pox.
14. The medical treatment and regimen during the cow-pock.
15. The effects on health subsequently to inoculation.
16. The vaccine inoculation instead of the small-pox, as vicarious of a disease in sheep.

PROPOSALS.

1. Subscribers for life, viz. of ten guineas, to the Vaccine Institution, to be admitted gratuitously; as well as
2. Perpetual pupils to Dr. Pearson's lectures in general; and his
3. Other pupils on becoming perpetual, in addition to their present lectures, to be admitted on the same terms.
4. Those who are neither subscribers to the institution, nor are pupils, as just mentioned, are to pay three guineas for a single course, or six guineas as perpetual.

SMALL-POX AND INOCULATION HOSPITALS, PANCRAS.

Extract from the Committee's Report presented to an Half-Yearly General Court, held at Batson's Coffee-House, Cornhill, London, on Thursday the 16th Day of June, 1803.

Variolous Inoculation.

31,352 patients have received the benefit of this department of the institution from its commencement until the 1st of January 1802; and during the past year only 88 persons have been inoculated for the small-pox, of which number 39 were out-patients; and as only 10 persons have received the variolous inoculation since January last, this practice at the hospital may be considered as generally superseded by the substitution of the

Vaccine Inoculation.

This practice began in this hospital under the direction of Dr. Woodville, with the assistance of Mr. Wachsell, the resident surgeon, on the 21st of January 1799; and from that period to the 1st of January 1802, the patients received into the hospital were - - - - - - - - - - - - - - - - - - 1580

Out-patients - - - - - - - - - - - - -	5912
During the year 1802, in-patients were - - - -	337
Out-patients - - - - - - - - - - - - - -	3990
From the 1st of January 1803, to the 15th of June, instant, in-patients - - - - - - - - - - -	70
From ditto to ditto, out-patients	1826
	13715.

Of

Of this large number *there has not been any instance in which the inoculation proved unsuccessful.* The committee desire to repeat what they stated in a former report, that 2500 were, after their recovery, found to be secure from the natural smallpox, by receiving the variolous inoculation, without any effect; and that in all this extensive practice, the committee have not heard of any one complaint from amongst those who were not inoculated a second time, of their having taken the natural small pox, although they were chiefly indigent persons, and the far greater number of them living in places where the air is very confined; and particularly where it has been since ascertained, that the natural small-pox was prevalent amongst those with whom many of them necessarily had continual intercourse.

The benefits of this institution, in its respective branches, are not confined to the metropolis or its vicinity; for it has always received patients from considerable distances, and also that applications are continually made to it from various parts of the united kingdom, from America and the West Indies, and also from the British settlements in the East Indies, for correct information of the practice and mode of treatment, and for supplies of matter for inoculation, which have been always readily furnished.

The committee rejoice in being enabled to witness the above numerous instances of its utility, and they invite the continuance of the public support as long only as the poor shall need its refuge and protection.

Dr. Heinze has inoculated more than three thousand sheep with the cow-pock, on the estate of Count N. S. Rumanzoff, in the Ukraine, and thus secured them from a contagious distemper which proved mortal to the flocks of the surrounding districts; and even in the place where the experiment was made, to such of the sheep as had not been inoculated.

C. Paysse has found, that a lute fit for all the operations of chemistry may be made by mixing eggs, both the whites and yolks, with half their weight of quick lime.

To CORRESPONDENTS.

Communications are received from Mr. G. N. Hill, Mr. A. Hunter, Mr. Aldus, Mr. Reid, and from the Continent.

ERRATUM.

Vol. x. p. 46, l. 7, from bottom, for *not*, read *most*.